



Northern Health Specialist Clinic Respiratory & Sleep Medicine Referral Guidelines

EXCLUSION CRITERIA 	<ul style="list-style-type: none"> ▪ Patients under 18 years of age ▪ Patient being treated for the same condition at another Victorian public hospital
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ESSENTIAL REFERRAL CONTENT 	DEMOGRAPHIC	CLINICAL
	<ul style="list-style-type: none"> ▪ Full name ▪ Date of birth ▪ Contact details (including mobile phone) ▪ Referring GP details (including provider number) ▪ Interpreter requirements ▪ Medicare number 	<ul style="list-style-type: none"> ▪ Reason for referral ▪ Duration of symptoms ▪ Relevant pathology & imaging reports ▪ Past medical history ▪ Current medications

Please ensure the patient brings hard copies of any X-rays, CT scans and ventilation perfusion scans to their appointment. This will help avoid unnecessary duplication of tests, additional appointments and delay.

CONDITIONS

Click on condition listed below for specific criteria

AIRWAY DISEASE <ul style="list-style-type: none"> • Asthma • Bronchiectasis • Breathlessness • Chronic Obstructive Pulmonary Disease (COPD) • Persistent cough with normal CXR 	PLEURAL <ul style="list-style-type: none"> • Haemoptysis • Pleural effusion • Pleural plaques • Pneumothorax • Pulmonary embolism
INFECTION – LUNG <ul style="list-style-type: none"> • Pneumonia • Tuberculosis 	PARENCHYMAL LUNG DISEASE <ul style="list-style-type: none"> • Interstitial Lung Disease • Sarcoidosis/Hilar Lymphadenopathy

<p>LUNG CANCER</p> <ul style="list-style-type: none"> • Lung cancer • Pulmonary nodules • Mesothelioma 	<p>SLEEP DISORDERS</p> <ul style="list-style-type: none"> • Snoring and obstructive sleep apnoea • Insomnia • Excessive sleepiness • Movement Disorders • Narcolepsy • Restless Legs
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COVID-19 Impact — Specialist Clinics

As part of Northern Health’s COVID-19 response plan, significant changes have been made to Specialist Clinic (Outpatient) services. All referrals received will be triaged; however, if your patient’s care is assessed as not requiring an appointment within the next three months, the referral will be put on a non-urgent waitlist.

Where possible, care will be delivered via telehealth (phone or video consultation).

REFERRAL PRIORITY

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

IMMEDIATE Direct to Emergency	URGENT Appointment within 30 days	ROUTINE Appointment timeframe >30 days and based on clinical need
<ul style="list-style-type: none"> ▪ Severe pneumonia ▪ Acute exacerbation of COPD with respiratory failure ▪ Acute severe asthma ▪ Pneumothorax ▪ Pulmonary embolism ▪ Severe acute breathlessness 	<ul style="list-style-type: none"> ▪ Confirmed or suspected lung cancer ▪ Haemoptysis ▪ Pulmonary nodules (depending on size) ▪ Confirmed or suspected tuberculosis ▪ Unilateral pleural effusion 	<ul style="list-style-type: none"> ▪ COPD ▪ Bronchiectasis ▪ Sarcoidosis ▪ Interstitial lung disease ▪ Persistent cough with normal CXR ▪ Chronic exertional dyspnea ▪ Chronic respiratory failure ▪ Sleep disorders ▪ Restless legs
<p>Patients should be referred to the Emergency Department at Northern Health with appropriate documentation and relevant test results if available.</p>	<p>Urgent cases (<14 days) must be discussed with the Respiratory Registrar via switchboard to obtain appropriate prioritization and a referral sent via HealthLink click here for further information</p>	<p>Send referral via HealthLink click here for further information</p>

If you are concerned about the delay of the outpatient appointment or if there is any deterioration in the patient’s condition, please contact the Respiratory Registrar on call via Northern Health switchboard on 8405 8000.

HOW TO REFER

Urgent & complex referrals can be discussed with the Respiratory Registrar by calling Northern Health switchboard **Tel: 8405 8000**.

Acutely unwell patients should be directed to the nearest Emergency Department.
GP referrals: Use HealthLink to send referrals, results and reports. For more information [click here](#)

Other health services (hospitals, allied health, specialists etc): Fax your referral to 8405 8616.

Some clinics offer an MBS-billed service. **There is no out of pocket expense to the patient.** MBS-billed services require a current referral to a named specialist. Please provide your patient with a **12-month referral addressed to the specialist of your choice.** Please note that your patient may be seen by another specialist in that clinic, in order to expedite their treatment.

Referral Guidelines by Condition

RESPIRATORY MEDICINE

Asthma

EVALUATION	MANAGEMENT	WHEN TO REFER
<ul style="list-style-type: none"> ▪ Severity ▪ Medications ▪ Frequency of exacerbations/hospitalisations ▪ FBE, IgE ▪ CXR ▪ Lung function if available 	<p>Consider inhaled corticosteroid if high likelihood of atopic asthma.</p> <p>The National Asthma Council handbook is an excellent free resource.</p> <p>Lung function can be performed at Northern Health – click here for Northern Health Lung Function referral</p>	<p>Refer – urgent or routine depending on severity.</p>

Breathlessness

EVALUATION	MANAGEMENT	WHEN TO REFER
<ul style="list-style-type: none"> ▪ New York Heart Association scale ▪ Medical history ▪ Exercise tolerance ▪ FBE – exclude anemia ▪ CXR – patient to bring films to appointment ▪ Echocardiogram if available ▪ Lung function if available 	<p>Lung function can be performed at Northern Health – click here for Northern Health Lung Function referral</p>	<p>If severe breathlessness, refer URGENTLY. Send to Emergency Department.</p> <p>Refer for unexplained breathlessness – priority depends on severity.</p>

Bronchiectasis

EVALUATION	MANAGEMENT	WHEN TO REFER
<ul style="list-style-type: none"> ▪ History of childhood infections, recurrent respiratory infections, tuberculosis, haemoptysis. ▪ History of previous microorganisms cultured ▪ Current medications including puffers and antibiotics ▪ CXR – patient to bring films to appointment ▪ Sputum MC&S, AFBs 	<p>Lung function can be performed at Northern Health – click here for Northern Health Lung Function referral</p>	<p>Refer – urgent or routine depending on severity.</p>

Chronic Obstructive Pulmonary Disease (COPD)

EVALUATION	MANAGEMENT	WHEN TO REFER
<ul style="list-style-type: none"> ▪ Severity ▪ Signs and symptoms of right heart failure ▪ Comorbidities ▪ Medications ▪ New York Heart Association scale ▪ Lung function testing ▪ CXR – patients to bring films to appointment 	<p>Refer to The Thoracic Society of Australia and New Zealand COPD-X guidelines</p> <p>Lung function can be performed at Northern Health – click here for Northern Health Lung Function referral</p>	<p>If acute exacerbation with respiratory failure – refer immediately to the Emergency Department.</p> <p>For outpatient assessment, refer depending on severity for</p> <ul style="list-style-type: none"> ▪ Optimizing management ▪ Lung function testing ▪ Oxygen therapy

Haemoptysis

EVALUATION	MANAGEMENT	WHEN TO REFER
<p><u>Volume:</u></p> <p>Major haemoptysis: >200mL blood loss</p> <p>Minor haemoptysis: <200mL blood loss</p> <p>Minimal haemoptysis: Small flecks or streaks of blood.</p> <ul style="list-style-type: none"> ▪ Associated symptoms – breathlessness, pleuritic chest pain, unwell ▪ CXR – patient to bring films to appointment 	<p>For minimal haemoptysis, consider imaging with a CXR +/- a CT chest as appropriate.</p>	<p>If major haemoptysis (>200ml blood loss) – refer IMMEDIATELY to the Emergency Department.</p> <p>If minor haemoptysis (<200ml blood loss), refer urgently – contact Respiratory Registrar on call via Northern Health switchboard on 8405 8000 and send referral via HealthLink click here for further information.</p>

Interstitial Lung Disease

EVALUATION	MANAGEMENT	WHEN TO REFER
<ul style="list-style-type: none"> ▪ Severity and duration of symptoms ▪ Occupational exposure ▪ CXR ▪ HRCT (prone/supine, inspiratory/expiratory) if available ▪ Lung Function testing 	<p>Do not commence corticosteroids prior to consulting a Respiratory Physician.</p> <p>Lung function can be performed at Northern Health – click here for Northern Health Lung Function referral</p>	<p>Refer – urgent or routine depending on severity.</p>

Lung Cancer

EVALUATION	MANAGEMENT	WHEN TO REFER
<p>Please include in the referral:</p> <ul style="list-style-type: none"> ▪ Smoking history ▪ History of previous cancer ▪ Results of current clinical investigation (radiology and pathology) ▪ Any prior radiology – CXR, CT scans 		<p>Patients with suspected lung cancer will be offered an urgent appointment within 2 weeks of referral receipt.</p> <p>If the referral is very urgent due to significant symptoms please contact our Lung Mass Nurse Consultant on 0428 630 825.</p>

Persistent cough with normal CXR

EVALUATION	MANAGEMENT	WHEN TO REFER
<ul style="list-style-type: none"> ▪ Trigger factors ▪ Sinusitis ▪ Aspiration ▪ Smoking history ▪ Medications ▪ Reflux oesophagitis ▪ Lung function tests ▪ CXR – patient to bring films to appointment 	<p>Careful review of medications is essential.</p> <p>ACE Inhibitors and AT2 receptor agonists may cause cough.</p> <p>Lung function can be performed at Northern Health – click here for Northern Health Lung Function referral</p>	Refer - routine

Pleural effusion

EVALUATION	MANAGEMENT	WHEN TO REFER
<ul style="list-style-type: none"> ▪ Smoking history ▪ Occupational history ▪ Cardiac history ▪ Medications ▪ CXR – patient to bring films to appointment 		Refer – urgency depending on severity of symptoms. If urgent, contact Pleural Fellow via Northern Health switchboard on 8405 8000.

Pneumothorax

EVALUATION	MANAGEMENT	WHEN TO REFER
<ul style="list-style-type: none"> ▪ Underlying lung disease ▪ Smoking history ▪ CXR 		Refer IMMEDIATELY to the Emergency Department

Pneumonia

HOSPITAL ACQUIRED, COMMUNITY ACQUIRED AND ASPIRATION PNEUMONIA

EVALUATION	MANAGEMENT	WHEN TO REFER
<ul style="list-style-type: none"> ▪ CXR ▪ Smoking history ▪ Comorbidities 	<p>Antibiotic prescribing for mild community acquired pneumonia in adults.</p> <p>Assess pneumonia severity to guide the need for referral to the Emergency department.</p>	<p>If severe, refer IMMEDIATELY to the Emergency Department.</p> <p>Consider urgent if:</p> <ul style="list-style-type: none"> -Poor response to treatment -Persistent CXR changes that are not improving (>14 days) despite treatment -Evolving pleural effusion

Pulmonary Embolism

EVALUATION	MANAGEMENT	WHEN TO REFER
<ul style="list-style-type: none"> ▪ Travel ▪ Coagulation disorders ▪ Previous history of DVT/PE ▪ Medications 		<p>Refer IMMEDIATELY to Emergency Department.</p> <p>NB. Patients with suspected pulmonary embolism should NOT be referred via the usual routine/urgent outpatient referral pathways.</p>

Pulmonary nodules

EVALUATION	MANAGEMENT	WHEN TO REFER
<ul style="list-style-type: none"> ▪ Smoking history ▪ Past history of malignancy ▪ CXR ▪ CT chest – please include report and ensure patient brings films to appointment 		<p>Refer – nodules ≥ 8mm should be referred urgently.</p> <p>Nodules < 8mm can be referred for urgent/routine assessment depending on size.</p>

Sarcoidosis/Hilar Lymphadenopathy

EVALUATION	MANAGEMENT	WHEN TO REFER
<ul style="list-style-type: none"> ▪ Symptoms ▪ CXR ▪ Bloods – FBE, Ca, Vit D ▪ CT chest if available – please include report and ensure patient brings films to appointment 	<p>Lung function can be performed at Northern Health – click here for Northern Health Lung Function referral</p>	<p>Refer – urgency depends on severity and duration of symptoms.</p>

Tuberculosis

EVALUATION	MANAGEMENT	WHEN TO REFER
<ul style="list-style-type: none"> ▪ Travel history/immigration status ▪ ETOH and drug use ▪ Comorbidities (diabetes, hepatitis, HIV) ▪ CXR ▪ Mantoux testing or QFN gold result (if available) 	<p>Immediate referral is essential for infection control purposes.</p>	<p>If active TB suspected, contact Respiratory Registrar on call IMMEDIATELY via Northern Health switchboard on 8405 8000 prior to sending the patient to the Emergency Department.</p>

SLEEP DISORDERS

Snoring & Sleep Apnoea

EVALUATION	MANAGEMENT	WHEN TO REFER
<ul style="list-style-type: none"> ▪ BMI ▪ Medical history ▪ Alcohol history ▪ Occupation ▪ Safety to drive ▪ Epworth Sleepiness Score ▪ STOP BANG 		Refer – urgency depends on chronicity, occupation and associated medical conditions.

Insomnia

Excessive Sleepiness

Movement Disorders

Narcolepsy

Restless Legs

EVALUATION	MANAGEMENT	WHEN TO REFER
<ul style="list-style-type: none"> ▪ Careful history ▪ FBE, ferritin ▪ TFTs, LFTS, U&E ▪ History of psychiatric illness or psychological issues ▪ Driving history ▪ Medication list 		Refer – routine.

APPENDIX 1

New York Heart Association Score

- I** No limitation of any physical activity.
- II** Ordinary physical activity results in fatigue, palpitations, breathlessness or chest pain.
- III** Less than ordinary physical activity causes fatigue, palpitations, breathlessness or chest pain.
- IV** Unable to carry out physical activity without discomfort.

ECOG Performance Status

Eastern Cooperative Oncology Group, Robert Comis M.D., Group Chair.

As published in Am. J. Clin. Oncol.:

Oken, M.M., Creech, R.H., Tormey, D.C., Horton, J., Davis, T.E., McFadden, E.T., Carbone, P.P.: Toxicity And Response Criteria Of The Eastern Cooperative Oncology Group. Am J Clin Oncol 5:649-655, 1982.

These scales and criteria are used by doctors and researchers to assess how a patient's disease is progressing, assess how the disease affects the daily living abilities of the patient, and determine appropriate treatment and prognosis. They are included here for health care professionals to access.

ECOG PERFORMANCE STATUS	
0	Fully active, able to carry on all pre-disease performance without restriction.
1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work.
2	Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours.
3	Capable of only limited self-care, confined to bed or chair more than 50% of waking hours.
4	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.

Epworth Sleepiness Score

How likely are you to doze off in the following situations?	Would never doze	Slight chance of dozing	Mod chance of dozing	High chance of dozing	Your score
Sitting and reading	0	1	2	3	
Watching television	0	1	2	3	
Sitting inactive in a public place (e.g. meeting, theatre)	0	1	2	3	
As a passenger in a car for an hour without a break	0	1	2	3	
Lying down in the afternoon if you have the opportunity	0	1	2	3	
Sitting and talking to someone	0	1	2	3	
Sitting quietly after lunch without alcohol	0	1	2	3	
Driving a car, while stopped for a few minutes in traffic	0	1	2	3	
Total Sleepiness Score:					

STOP BANG

Chung F et al *Anesthesiology* 2008 and *BJA* 2012

STOP	Yes	No
Do you <u>S</u> nore loudly (louder than talking or loud enough to be heard through closed doors)?	1	0
Do you often feel <u>T</u> ired, fatigued, or sleepy during the daytime?	1	0
Has anyone <u>O</u> bserved you stop breathing during your sleep?	1	0
Do you have or are you being treated for high blood <u>P</u> ressure?	1	0

BANG	Yes	No
B MI more than 35kg/m ²	1	0
<u>A</u> GE over 50 years old?	1	0
<u>N</u> eck circumference > 40cm?	1	0
<u>G</u> ENDER: male?	1	0

TOTAL SCORE		

High risk of OSA: 5-8

Intermediate risk of OSA: 3-4

Low risk of OSA: 0-2