

THE ALFRED REFERRAL GUIDELINES: RESPIRATORY MEDICINE AND SLEEP DISORDERS

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Referral priority guide

Immediate <ul style="list-style-type: none"> • Severe pneumonia • Acute exacerbation of COPD with respiratory failure • Acute severe asthma • Pneumothorax • Pulmonary embolism 	Phone the Respiratory Registrar on call on 9076 2000 and/or send to The Alfred Emergency & Trauma Centre.
Urgent <ul style="list-style-type: none"> • Confirmed or suspected bronchial carcinoma • Pleural effusion • Haemoptysis • Confirmed or suspected tuberculosis 	Urgent cases must be discussed with the Respiratory registrar on call to obtain appropriate prioritisation and then a referral letter faxed to 9076 3601 . All other referrals should be faxed to 9076 6938. Likely to receive an appointment within 1-2 weeks.
Soon <ul style="list-style-type: none"> • Bronchiectasis • Sarcoidosis • Pulmonary nodules • Interstitial lung disease • Chronic Respiratory Failure 	Referrals should be faxed to 9076 6938. Likely to receive an appointment within 2-6 weeks.
Intermediate <ul style="list-style-type: none"> • Sleepiness interfering with capacity to drive without causing an accident • Snoring with cardiovascular or vascular disease 	Referrals should be faxed to 9076 6938. Likely to receive an appointment within 6-12 weeks.
Non-urgent <ul style="list-style-type: none"> • Persistent cough with normal CXR • Other sleep disorders • Restless legs • Chronic exertional dyspnoea 	Referrals should be faxed to 9076 6938.
Not seen	Children under 16 years of age are seen at The Alfred only by special arrangement.

Please note: The times to assessment may vary depending on size and staffing of the hospital department.

Urgent cases must be discussed with the Respiratory registrar on call to obtain appropriate prioritisation and then **a referral letter faxed to 9076 3601**.

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Clinic listing and contact details

- For medical conditions requiring **immediate attention**, phone the Respiratory Registrar on call through Switchboard on 9076 2000 and/or send to The Alfred Emergency and Trauma Centre.
- For **urgent referrals**, contact the Respiratory Registrar on call through Switchboard on 9076 2000 and fax a comprehensive referral to 9076 3601.
- For **all other appointments**, fax referrals to 9076 6938.

<p>Sleep Clinic</p> <p>Cystic fibrosis service</p> <p>Transplant assessment</p> <p>Pulmonary hypertension</p> <p>Pulmonary fibrosis</p>	<p>5th Floor, Main ward block</p>	<p>Phone: 9076 3770 Fax: 9076 3601</p> <p>Phone: 9076 3443 Fax: 9076 3601</p> <p>Phone: 9076 2376 Fax: 9076 3601</p> <p>Phone: 9076 2376 Fax: 9076 3601</p> <p>Phone: 9076 3600 Fax: 9076 3601</p>
<p>General respiratory (incl. lung cancer)</p>	<p>2nd Floor, Outpatient Department</p>	<p>Fax referrals to 9076 6938</p>
<p>Lung function testing</p>	<p>1st Floor</p>	<p>Phone 9076 3476 Fax 9076 3434 For referral form, click here: Lung Function request form</p>
<p>Asthma, Allergy and Clinical Immunology</p>	<p>Ground floor, Main ward block</p>	<p>Phone: 9076 2934 Fax: 9076 2245</p> <p style="text-align: right;">Return to contents page</p>

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Diagnosis	Evaluation	Referral Guidelines
Asthma		
		Refer to Asthma, Allergy and Clinical Immunology Referral and Management Guidelines . Return to contents page
Breathlessness		
<ul style="list-style-type: none"> • New York Heart Association scale • FBE – exclude anaemia • CXR– patient to bring films to appointment The Alfred Radiology request form • Spirometry results if available • Echocardiogram if available 	Lung function testing can be performed at The Alfred – Lung Function request form	Refer for unexplained breathlessness – Priority depends on severity Return to contents page
Bronchiectasis		
<ul style="list-style-type: none"> • History of childhood infections, recurrent respiratory infections, haemoptysis • CXR - patient to bring films to appointment The Alfred Radiology request form • Sputum MC&S 		Refer soon – intermediate PRIORITY 2-3 Return to contents page
Chronic obstructive pulmonary disease (COPD)		
<ul style="list-style-type: none"> • Severity • Signs and symptoms of right heart failure • Co-existing medical illnesses • New York Heart Association scale • Lung function testing • CXR - patient to bring films to appointment The Alfred Radiology request form • Nutritional status • Medications 	Refer to The Thoracic Society of Australia and New Zealand COPD-X guidelines Lung function testing can be performed at The Alfred – Lung Function request form	If acute exacerbation with respiratory failure refer immediately – send to The Alfred Emergency and Trauma Centre and contact Respiratory Registrar on 9076 2000 – or urgently PRIORITY 1 – contact Respiratory Registrar on call on 9076 2000 and fax a comprehensive referral to 9076 3601. For outpatient assessment, refer soon-intermediate PRIORITY2-3 for: <ul style="list-style-type: none"> • Optimising management • Lung function testing • Oxygen therapy Return to contents page
Haemoptysis		
<ul style="list-style-type: none"> • Associated symptoms (breathlessness, pleuritic chest pain, unwell) • CXR - patient to bring films to appointment The Alfred Radiology request form <p>Volume: Major haemoptysis: >200ml blood loss Minor haemoptysis:<200ml blood loss</p>		If major haemoptysis (>200ml blood loss) – refer IMMEDIATELY – send to The Alfred Emergency and Trauma Centre. If minor haemoptysis (<200ml blood loss) - refer urgently PRIORITY 1 – contact Respiratory Registrar on call on 9076 2000 and fax a comprehensive referral to 9076 3601. Refer IMMEDIATELY if >150ml blood loss with coexisting impairment of lung function. Return to contents page
Interstitial lung disease		
<ul style="list-style-type: none"> • Severity of Symptoms • CXR The Alfred Radiology request form • Lung function testing 	Do not commence corticosteroids prior to consulting a Respiratory Physician. Lung function testing can be performed at The Alfred – Lung Function request form	Refer Urgently – intermediate depending on severity - PRIORITY 1 – 3. If urgent, contact Respiratory Registrar on call on 9076 2000 and fax a comprehensive referral to 9076 3601. Return to contents page

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Evaluation	Management	Referral Guidelines
Lung cancer		
<ul style="list-style-type: none"> Smoking history Asbestos exposure Co-existing COPD, IHD CXR - patient to bring films to appointment The Alfred Radiology request form <ul style="list-style-type: none"> New York Heart Association scale ECOG assessment CT scanning can be performed at The Alfred 	NH&MRC endorsed lung cancer guidelines see Lung Cancer Assessment and Management Guidelines for GPs	Refer Urgently – PRIORITY 1. Contact Respiratory Registrar on call on 9076 2000 and fax comprehensive referral to 9076 3601.
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Persistent cough with normal CXR		
<ul style="list-style-type: none"> Trigger factors Smoking history Medications Reflux oesophagitis Lung function tests CXR – patient to bring films to appointment The Alfred Radiology request form <ul style="list-style-type: none"> Sinusitis Aspiration 	Careful review of medications is essential. ACE Inhibitors and AT2 receptor agonists may cause cough. Lung function testing can be performed at The Alfred – Lung Function request form	Refer non urgently PRIORITY 4
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Pleural effusion		
<ul style="list-style-type: none"> Smoking history Cardiac history CXR – patient to bring films to appointment The Alfred Radiology request form		Refer urgently – soon PRIORITY 1- 2 depending on circumstances. If urgent, contact Respiratory Registrar on call on 9076 2000 and fax a comprehensive referral to 9076 3601.
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Pneumonia		
Hospital acquired		
Community acquired		
Aspiration pneumonia		
<ul style="list-style-type: none"> CXR The Alfred Radiology request form <ul style="list-style-type: none"> Smoking history Co-morbidities Social circumstances 	See Appendix 3 – antibiotic choice for treatment of community acquired pneumonia	If severe, refer IMMEDIATELY to The Alfred Emergency & Trauma Centre and contact Respiratory Registrar on call on 9076 2000. Refer urgently PRIORITY 1 if : <ul style="list-style-type: none"> Poor response to treatment Persistent CXR changes (>10 days) despite treatment Contact Respiratory Registrar on call on 9076 2000 and fax a comprehensive referral to 9076 3601.
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Pneumothorax		
<ul style="list-style-type: none"> Underlying pulmonary disease Smoking history CXR The Alfred Radiology request form		Refer IMMEDIATELY to The Alfred Emergency and Trauma Centre and contact Respiratory Registrar on call on 9076 2000.
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Evaluation	Management	Referral Guidelines
Pulmonary embolism		
<ul style="list-style-type: none"> • Travel • General Health • Coagulation Disorders • Medications 		Refer IMMEDIATELY to The Alfred Emergency and Trauma Centre and contact Respiratory Registrar on call on 9076 2000. See also Vascular Surgery Referral and Management Guidelines Return to contents page
Pulmonary hypertension		
<ul style="list-style-type: none"> • FBE – exclude anaemia • Systemic disease • Left heart failure • Functional impairment • Echocardiography can be performed at The Alfred The Alfred Radiology request form		Refer soon – intermediate PRIORITY 2 – 3 depending on circumstances. Return to contents page
Pulmonary nodules		
<ul style="list-style-type: none"> • Smoking History • Past history of malignancy • CXR The Alfred Radiology request form		Refer Urgently PRIORITY 1 Return to contents page
Sarcoidosis / hilar lymphadenopathy		
<ul style="list-style-type: none"> • CXR The Alfred Radiology request form <ul style="list-style-type: none"> • Se Ca⁺⁺ • Mantoux testing • Skin rash 		Refer Urgently PRIORITY 1 (contact Respiratory Registrar on call on 9076 2000 and fax a comprehensive referral to 9076 3601) or soon – intermediate PRIORITY 2 or 3 depending on severity and duration of symptoms. Return to contents page
Tuberculosis		
<ul style="list-style-type: none"> • Travel history/immigrant status • Immunosuppression • Alcohol and drug abuse • Diabetes • CXR The Alfred Radiology request form <ul style="list-style-type: none"> • Mantoux testing 	Immediate referral is essential for containment purposes.	If suspected, contact Respiratory Registrar on call IMMEDIATELY for containment purposes prior to sending patient to The Alfred Emergency and Trauma Centre. Return to contents page
Lung function testing		
O₂ assessment		
High altitude simulation testing (HAS)		
Tests available: <ul style="list-style-type: none"> • Spirometry • TLCO • Lung volumes • Airway resistance • MIPs &MEPs • Bronchial provocation tests • Cardiopulmonary exercise testing • Domiciliary Oxygen • Sleep assessments 	For lung function testing- refer to NAC spirometry handbook	Lung Function Laboratory Referral form – click here: Lung Function request form Most lung function tests require the patient to sit unaided and to follow specific instructions in the performance of breathing manoeuvres requiring maximal effort. Patients representing an infection control risk to other patients/staff must be identified at time of booking and on the front of the request slip by ticking the 'Patient Isolation Required' box. For further information contact the Laboratory on 9076 3476. Return to contents page

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Evaluation

Management

Referral Guidelines

Snoring and sleep apnoea

- Weight history
- Alcohol history
- Medical history
- [Epworth Sleepiness Score](#)
- [Beyond Blue Questionnaire](#)

Refer PRIORITY 1- 4 depending on chronicity and associated medical conditions. If URGENT, contact Respiratory Registrar on call on 9076 2000 and fax a comprehensive referral to 9076 3601.
All referrals for Sleep Disorders should be faxed to 9076 3601.

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Sleep disorders

Excessive sleepiness

Insomnia

Movement disorders

Narcolepsy

Restless legs

- Careful history
- FBE, ferritin
- TFTs
- LFTs
- U&E, Creatinine
- History of psychiatric illness or psychological issues

Refer non-urgently – PRIORITY 3 – 4
All referrals for Sleep Disorders should be faxed to 9076 3601.

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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.

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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.

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Antibiotic choice for empirical treatment of community acquired pneumonia

	Low Risk	High Risk
	Age <65 and no co-morbidities	Age >65 and/or co-morbidities
<p>SEVERE</p> <p>Require admission</p> <p>Criteria for severity:</p> <p>1. Clinical:</p> <ul style="list-style-type: none"> • Temperature <35 or >40 • Respiratory rate >30/min • BP<90 mmHg • Confusion or decreased conscious state <p>2. Laboratory:</p> <ul style="list-style-type: none"> • PaO2 <60mmHg on air • O2 saturation <94% on air • PaCO2 >50 mmHg • WCC <4 or >30 • Neutrophils <1 • Elevated urea • Anaemia • Metabolic acidosis <p>3. Radiological:</p> <ul style="list-style-type: none"> • Multi-lobe involvement 	<p>Penicillin IV plus Roxithromycin or Clarithromycin orally</p>	<p>IV Ceftriaxone plus IV Erythromycin</p> <p>or when able to take oral medication then Roxithromycin or Clarithromycin orally</p> <p>OR</p> <p>IV Penicillin plus oral Ciprofloxacin plus Roxithromycin or Clarithromycin orally</p>
<p>MILD</p> <p>If none of criteria above present – home or outpatient</p>	<p>Roxithromycin or Clarithromycin orally</p>	<p>Penicillin IV and/or Roxithromycin or Clarithromycin orally (Admit for 48 hours of observation)</p> <p style="text-align: right;">Return to contents page</p>

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Epworth Sleepiness Score

How likely are you to doze off in the following situations?

		would never doze	slight chance of dozing	moderate chance of dozing	high chance of dozing	Your Score
a	Sitting and reading	0	1	2	3	
b	Watching television	0	1	2	3	
c	Sitting inactive in a public place (eg Meeting, theatre)	0	1	2	3	
d	As a passenger in a car for an hour without a break	0	1	2	3	
e	Lying down in the afternoon if you have the opportunity	0	1	2	3	
f	Sitting and talking to someone	0	1	2	3	
g	Sitting quietly after lunch without alcohol	0	1	2	3	
h	Driving a car, while stopped for a few minutes in traffic	0	1	2	3	
Total Sleepiness Score:						

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