

## BOC Pulmonary Rehabilitation Service Referral Information

### Is the reason for referral listed below?

- Is the patient limited by their breathlessness? (MRC dyspnoea 2-5)
- Does the patient have muscle fatigue resulting from a respiratory condition?
- Has the patient lost confidence and / or the ability to perform their everyday activities due to a respiratory condition?
- Has the patient had a recent respiratory infection / flare-up managed either in hospital or at home?
- Is the patient a repeater of pulmonary rehab, who has had a recent hospital admission or recurrent respiratory related exacerbations managed at home?
- Is the patient a repeater of Pulmonary rehab who completed their course more than 1 year ago and has experienced a decline in their health due to their respiratory condition?

Yes

No

### Does the patient meet one or more of the following inclusion criteria?

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• COPD</li> <li>• Bronchiectasis</li> <li>• Interstitial lung disease</li> <li>• Asthma</li> </ul> | <ul style="list-style-type: none"> <li>• Pulmonary hypertension</li> <li>• Chest wall disease e.g. Scoliosis, Kyphoscoliosis</li> <li>• Pre- and post-thoracic surgery e.g. lung resection, lung transplantation or lung volume reduction surgery</li> </ul> |
|---|--|

No

Yes

### Does the patient meet any of the following exclusion criteria?

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Patients who have completed a course of Pulmonary rehab within the last year whose condition has remained stable.</li> <li>• Significant or unstable cardiac disease *</li> <li>• Patients with AAA &gt; 5.5cm who are suitable for surgery</li> <li>• Severe progressive disease (i.e. Undergoing active treatment for cancer or has neuromuscular disease)</li> <li>• Severe neurological, orthopaedic or vascular problems, where mobility or chronic pain will limit participation (such as severe osteoarthritis or severe peripheral vascular disease)</li> <li>• Patients with inadequate balance who could not be left unattended</li> <li>• Patients who are within 6 weeks post-cataract surgery or longer on advice of surgeon.</li> </ul> | <ul style="list-style-type: none"> <li>• Uncontrolled diabetes</li> <li>• Patients presenting a) from nursing homes, b) with severe frailty, c) in the end-of-life period and d) with overwhelming palliative care needs</li> <li>• Patients with cognitive impairments unable to retain information related to treatment interventions or to follow commands (unless they have a carer present)</li> <li>• Patients who display disruptive or unacceptable behaviour</li> <li>• Patients who appear to be under the influence of alcohol or drugs will not be accepted</li> <li>• Patients who are unsuited to a group environment due to personality or communication barriers (for group sessions only)</li> </ul> |
|--|---|

Yes

No

### Is medication optimised as per GOLD 2024?

Yes

- 1) Are they motivated to embark on a course of PR and committed to making lifestyle changes?
- 2) Are they able to attend for the required course duration?
- 3) Have they consented to referral?

Yes

Have they consented to the sharing of information / medical records? \*\*

Yes

### Appropriate for Pulmonary Rehab

Please send referral to: [BOC.ClinicalServices@nhs.net](mailto:BOC.ClinicalServices@nhs.net)

### Not appropriate for Pulmonary Rehab

Consider possible referral to: - Respiratory Specialist Nurses, Intermediate Care, Hospice, Community Matrons, IAPT Service or Respiratory Physiotherapy for symptom management of breathlessness or sputum

### Who can refer?

<b>Provider / Organisation:</b> Primary Care Secondary Care Tertiary Care Community Care (including Mental Health & Learning Disabilities)	<b>Professionals:</b> Doctors Nurses Health Care Professionals such as Physiotherapists, Occupational Therapists, Dietitians, Pharmacists, Paramedics Counsellors and Psychotherapists
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### What information is required on referral?

<b>Secondary, Tertiary or Community Care</b>	Please send either referral form, Electronic Discharge Notification (EDN) or most recent clinic record / letter including patient's co-morbidities and any other considerations for rehabilitation e.g. Problem list or complete referral form as able. <i>Please ensure that consent for information sharing has been documented if referral form not used.</i>
<b>Primary Care</b>	Please send the following as able: <ul style="list-style-type: none"> <li>- GP summary including prescribed medication list, current problems and full past medical history</li> <li>- Spirometry results confirming diagnosis where appropriate (full report preferred if available)</li> </ul>

For all referrals received from professionals outside of primary care where full information may not be available, we will contact the GP for copies of the summary and spirometry results provided the patient has agreed to information sharing.

### Special considerations – Additional information required

*If the patient has a history of any of the following; then please enclose the required additional with the referral (as able for those referring from outside of primary care)*

<b>Cardiac history</b>	<i>ECHO (heart failure patients) and ECG (Arrhythmia patients) (Most recent, ideally undertaken within the last 6 months)          Ejection fraction is required for patients with heart failure to determine appropriate exercise prescription.</i>
<b>Pulmonary Hypertension</b>	<i>As above – ECHO must include PAP</i>
<b>Abdominal aortic aneurysm (AAA)</b>	<i>CT Scan, Ultrasound or MRI angiography report. Size of aneurysm is required to determine appropriate exercise prescription.</i>  <i>Aneurysm size:          3.0 to 4.4cm – ideally report should be within the last 12 months          &gt;4.5cm – ideally report should be within the last 3 months          (Patient's with a AAA &gt;5.5cm require considerable exercise adaptation, only those who are deemed inappropriate for surgery are eligible for Pulmonary rehab)</i>

Please note that referrals received that do not supply the required information may be rejected

## Additional Notes

* Significant / Unstable Cardiac Disease	** Information sharing
<ul style="list-style-type: none"> <li>• Uncontrolled hypertension (resting systolic &gt;180mmHg or resting diastolic &gt;110mmHg)</li> <li>• BP drop of &gt;20mmHg on exertion with symptoms</li> <li>• Pulmonary hypertension with recent history of syncope on exertion</li> <li>• Unstable heart failure</li> <li>• MI within previous 6 weeks</li> <li>• Unstable arrhythmias</li> <li>• Unstable angina</li> <li>• Severe aortic stenosis (&lt;1.0cm<sup>2</sup>)</li> </ul>	<p>Patient's may not be automatically rejected if they have not agreed to sharing at point of referral, however it can make it more difficult to confirm their safety to exercise; this may lead to them being deemed unsuitable following assessment or may delay the start of care whilst further investigation takes place.</p> <p>Where further information may be required regarding co-morbidities (due to lack of detailed information), there will usually be an attempt to source this information prior to assessment if it has not been included with the referral information provided.</p>