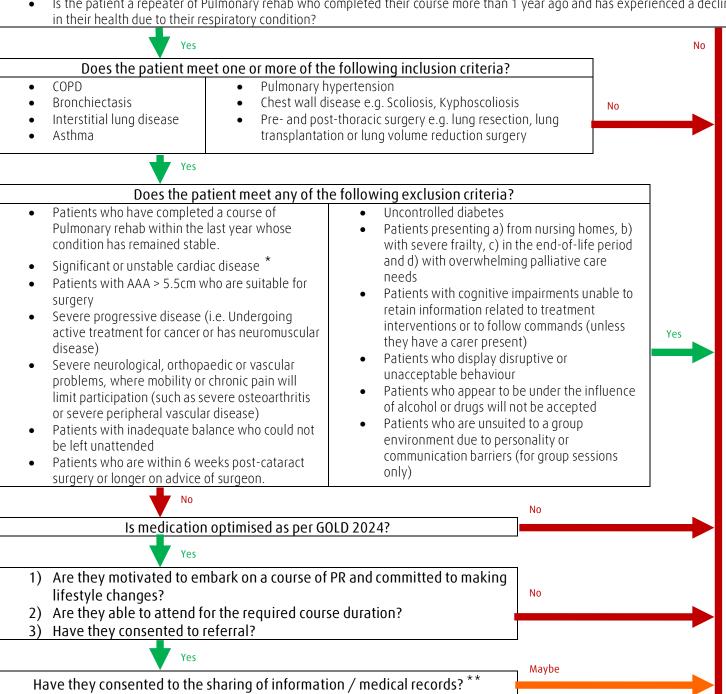


# **BOC Pulmonary Rehabilitation Service Referral Information**

#### 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



#### Appropriate for Pulmonary Rehab

Yes

Please send referral to: 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?

#### Provider / Organisation:

Primary Care Secondary Care Tertiary Care Community Care (including Mental Health & Learning Disabilities)

#### Professionals:

Doctors Nurses

Health Care Professionals such as Physiotherapists, Occupational Therapists, Dietitians, Pharmacists, Paramedics Counsellors and Psychotherapists

# What information is required on referral?

Secondary, Tertiary or Community Care	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. Please ensure that consent for information sharing has been documented if referral form not used.
Primary Care	Please send the following as able:  - GP summary including prescribed medication list, current problems and full past medical history - Spirometry results confirming diagnosis where appropriate (full report preferred if available)

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)

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

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



# **Additional Notes**

* Significant / Unstable Cardiac Disease	** Information sharing
<ul> <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> </ul>	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.
<ul> <li>MI within previous 6 weeks</li> <li>Unstable arrhythmias</li> <li>Unstable angina</li> <li>Severe aortic stenosis (&lt;1.0cm2)</li> </ul>	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.