**Gloucestershire Respiratory Service Referral Form**

*(Respiratory assessment / home oxygen assessment / pulmonary rehabilitation)*

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| **G-care reference** | [Respiratory - https://g-care.glos.nhs.uk/site-map/438](https://g-care.glos.nhs.uk/site-map/438) |

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| **Patient details** | **Referrer details** |
| Name | <Patient Name> | DOB | <Date of birth> | Name | <Sender Name> |
| Address | <Patient Address> | NHS no | <NHS number> | Address | <Sender Address> |
| Sex | <Gender> |
| Carer status | <Diagnoses> |
| Tel no. | <Patient Contact Details><Patient Contact Details> | Language | <Main spoken language> | Tel no | <Sender Details> |
| Special requirements(incl. housebound and/or risk to lone working) |       | Email | <Organisation Details> |
| Referral date | <Today's date> |

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| **Respiratory diagnosis**\* |  |
| **Referral criteria***(Please choose one of the following services and tick to confirm the inclusion criteria are met)* |
| **1. Respiratory Assessment** | [ ]  | **2. Home oxygen assessment***(Please complete section 2A below)* | [ ]  | **3. Pulmonary rehabilitation***(Please complete section 3A below)* | [ ]  |
| * Confirmed diagnosis of any of the following:
	+ COPD
	+ Asthma
	+ Interstitial lung disease
	+ Requiring support with symptom management for patients who are medically optimised.
 | * Confirmed diagnosis of any of the following:
	+ COPD
	+ Asthma
	+ Bronchiectasis
	+ Interstitial lung disease
	+ Cystic fibrosis
	+ Heart failure
	+ Pulmonary vascular disease
* Non-smoker (has stopped smoking at least 8 weeks ago)
* SpO2 <92% when clinically stable
 | * Confirmed diagnosis of any of the following:
	+ COPD
	+ Chronic asthma
	+ Bronchiectasis
	+ Interstitial lung disease
* MRC dyspnoea scale ≥ 3 *(see below)*
* Does not meet any of the exclusion criteria detailed in section 3A.
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| Presenting complaint *(to be completed for ALL referrals)*  |
| Clinical signs / symptoms  |
|       |
| Reason for referral & referrer / patient expectations |
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| **Supporting information** |
| **2A. Home oxygen assessment** |
| Current oxygen user? | Yes [ ]  No [ ]  |
| SpO2(%) at rest: |       | On or off oxygen: | On [ ]  Off [ ]  |
| SpO2(%) post exertion: |       |
| Has the patient been hospitalised or treated with antibiotics/oral steroids for a respiratory exacerbation in the past 6 weeks? |
| Yes [ ]  No [ ] *If yes, please provide details below including date of discharge or date medications commenced:* |
|       |
| Smoking status *(include date stopped if available)* | <Diagnoses> |
| Is the patient willing to consider home oxygen if indicated following assessment? | Yes [ ]  No [ ]  |
| **3A. Pulmonary rehabilitation** |
| **Exclusions** * Unstable coronary or cerebral ischemia or inability to independently manage changes in symptoms/disease status
* Aortic stenosis
* Unstable Angina (Angina which comes on at rest rather than only with exertion)
* Unstable diabetic control or inability to independently manage changes in symptoms/disease status
* Myocardial infarction in the last three months
* Within 6 weeks of acute myocardial damage e.g. raised troponin or NSTEMI
* Within 10 days of starting treatment for DVT/ PE
* Unstable medical conditions e.g. decompensated HF, recent aortic dissection, uncontrolled and malignant hypertension, unstable medical conditions (e.g., active gastrointestinal bleeding or severe anaemia)
* Uncontrolled hypertension (systolic BP ≥180mmHg at rest, or diastolic ≥110mmHg at rest)
* Significant active exacerbation / infection or in early recovery phase
* Medical falls, frequent mechanical falls and falls of an unknown cause
* Moderate cognitive deficit unless adequately supported by a carer
* The inability to exercise due significant to musculoskeletal and neuromuscular disorders
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| [**MRC dyspnoea scale**](https://cks.nice.org.uk/topics/chronic-obstructive-pulmonary-disease/diagnosis/diagnosis-copd/#medical-research-council-dyspnoea-scale) *(must be ≥3)* |
| Grade 3: | Walks slower than contemporaries on level ground because of breathlessness, or has to stop for breath when walking at own pace | [ ]  |
| Grade 4: | Stops for a breath after walking about 100m or after a few minutes on level ground | [ ]  |
| Grade 5: | Too breathless to leave the house or breathless when dressing or undressing | [ ]  |
| **Pulmonary rehabilitation programmes** *(Please choose one of the below)* |
| **1. Face-to-face group:*** + 6-week programme of exercise and education
	+ Twice weekly
	+ Must be motivated to attend all session
	+ Has own transport or able to access public transport
 | [ ]  |
| **2. Online:*** + 6-week programme of online exercise classes with self-directed online education
	+ Twice weekly
	+ Must be motivated to attend all sessions.
	+ Adequate and appropriate space for exercising at home
	+ Requires access to an email address.
	+ Has access to a computer or tablet with webcam *(a limited supply of tablets / webcams are available to loan to appropriate patients who do not have their own devices)*
 | [ ]  |
| **3. Self-management Programme of Activity Coping and Education (SPACE):*** + COPD diagnosis only
	+ Able to engage in a self-directed walking & exercise programme
	+ Self-directed education
	+ Adequate and appropriate space for exercising at home
	+ Able to attend a face-to-face pre- & post-assessment
 | [ ]  |

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| History |
| Medical problems |
| Active problems |
| <Problems> |
| Significant past problems |
| <Problems><Summary> |
| Family history |
| <Family History(table)> |
| Social history |
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| Medication |
| Acute *(last 1m)* |
| <Medication> |
| Repeat |
| <Repeat templates> |
|  |
| Allergies |
| <Allergies & Sensitivities> |
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| **Useful dataset** *(last 6m if available)* |
| Blood pressure | <Latest BP> | BMI | <Numerics> |
| Heart rate | <Numerics>, <Diagnoses> | Smoking status | <Diagnoses> |
| Height | <Latest Height> | Alcohol intake | <Diagnoses>, <Numerics> |
| Weight | <Latest Weight> | Exercise tolerance | <Diagnoses><Diagnoses> |

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| **Referral destination** |
| **Provider** | Gloucestershire Health & Care NHS Foundation Trust |
| **Email address** | glosrespiratoryservice@ghc.nhs.uk |
| **Tel no.** | 0300 421 6666 |

Display key

* Red text marked with an asterisk \* = mandatory field – referral acceptance/clinical triage is dependent upon the response or result (your referral may be returned if left blank)
* *(Italic text in brackets)* = form guidance e.g. pre-referral investigations to request or required time period for results