



REFERRAL GUIDELINES

Severe COPD Clinic

Head of Unit: **Prof David Langton**

Referrals: Referral addressed to named head of unit is preferred.

E-referral using the GP Referral Template located within the Mastercare: Referralnet system is preferred.

For faxed referrals: **FAX 97881879**

Please Note: The referral should not be given to the patient to arrange an appointment. No appointments can be made over the phone. Once a referral has been received the patient is notified by mail of the date and time of their appointment.

Clinic overview:

To provide expert opinion and management of SEVERE COPD

Categories for Appointment

	Clinical Description	Timeframe for appt
Category 1 Urgent	Severe symptoms requiring specialist management	Six weeks
Category 2 Routine	Severe COPD but stable symptoms	Next available
Emergency	There are signs of a current COPD exacerbation	Patient should be referred to the Emergency Department

Eligibility Criteria

For final approval please choose from an indication below when referring

- FEV1 \leq 50% predicted
- Exercise tolerance less than 100m (mMRC grade ≥ 2)
- New diagnosis of cor pulmonale
- Hypoxic SpO₂ $<88\%$
- <40 years of age

IMPORTANT:

The following referral information is mandatory:

Referral:

- Date of referral
- Speciality
- Referring practitioner name
- Provider Number
- Referrer's signature

Patient Demographic:

- Full name
- Date of birth
- Postal address
- Contact numbers
- Medicare Number

Clinical:

- Reason for referral
- Duration of symptoms
- Management to date
- Past medical history
- Current medications
- Allergies
- Diagnostics as per referral guidelines

Preferred:

- Addressed to named practitioner
- Duration of referral (if different to standard referral validity)
- Next of kin

HEAD OF UNIT

Prof David Langton

PROGRAM DIRECTOR

Dr. Gary Braun

ENQUIRIES

03 9784 7058

Reviewed: 22/10/2022



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At least two exacerbations in past 12 months requiring corticosteroid treatment or hospital admission **In addition, please ensure that:**

- Patient is already established on long-acting bronchodilators
- A lung function test has already been performed and results are attached.
- Patient is a resident of Peninsula Health catchment area

Exclusions

Due to the high demand and limited appointments available, our Severe COPD clinics are booked to capacity several months in advance. Referrals that do not meet any of the above indications will regrettably be declined.

Alternative referral options

Pulmonary Rehabilitation Program

Private services

Minimum Referral Information Required

Please note, referral cannot be processed if minimum information is missing

- Referring practitioner name, provider number and signature.
- Date of referral
- Patient's name, address, date of birth, Medicare number and phone number.
- Clinical details and reason for referral
- Relevant medical history
- Medications
- Allergies
- Results of all recent and relevant investigation
- Results of lung function test

Clinic information

Wednesday 13:00-15:30 (every 6 weeks)
Frankston Outpatients area 1

- Fax referral 03 9788 1879
- Phone 03 9784 7058

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