

Community Respiratory Service: Patient Referral Form

Please ensure patient has a confirmed diagnosis of COPD

Please complete all fields on this form in **BLOCK CAPITALS** using **BLACK** ink and **FAX to Single Point of Access**

SPA SAFE HAVEN FAX: 01254 201975 TEL: 01254 207074

For CRS admin:
Date form received:
Ref number:

Patient details

Patient's First name Mr/Mrs/Ms/Miss

Patient's Surname

Patient NHS no.

DOB Sex (delete as appropriate) M / F

Address

Postcode

Tel no. Mobile

Referrer

Name:

Designation

Location: E.g. name of Practice /Hospital

Tel Fax

Next of Kin - if applicable

Name Mr/Mrs/Ms/Miss

Relationship Tel no:

Patient's GP (if different from "referring clinician")

Surgery

Tel

Referral reason

- Same Day Review
- COPD patient with signs of acute exacerbation at risk of hospital admission, treatment initiated by GP**
- Next day
- Treatment initiated by GP, stable and needs F/U by CRS
- Routine
- Management advice / patients with frequent exacerbations (>2/year) or an hospital admission

Current Medications (summary print out)

Recent Antibiotics	Dose	Date
Recent oral steroids	Dose	Date
Home Nebuliser	<input type="checkbox"/>	
Home Oxygen - LTOT / SBOT		Lts

Other relevant conditions

Allergies

Has patient had an x-ray in the last 18-24 months? Y/N (please delete as appropriate). If 'Y', date, and brief report of findings:

Observations (date:)
BP: RR: SpO2: Temp:

Social and living circumstances (please tick):

- Lives alone
- Dependent on carer
- Housebound
- Carer's name: Tel no:
- Home visit safe as lone worker YES NO

We will directly contact the patient to arrange an assessment, this may be in clinic or at home according to their need

Signature of referring clinician (who has examined the patient within last 24 hours /48 hours at weekend)

Date:

Community Respiratory Service: Patient Referral Criteria

Please ensure patient has a confirmed diagnosis of COPD

Inclusion Criteria

- Be registered with a Blackburn with Darwen GP practice.
- Be an adult aged over 18 years.
- Have a diagnosis of COPD confirmed with spirometry.
- Are experiencing an acute deterioration in their COPD symptoms.
- Have consented to their referral to the service.
- Patients who have previously been seen by the Community Respiratory Services may refer themselves back to the service if they exacerbate with COPD in the future.
- Patients with severe to very severe COPD (FEV1 >49%) can be referred to the Community Respiratory Service for education & management. These patients may not be seen in the clinic on day of referral as not acutely unwell. They will be seen either at home or clinic according to need

Exclusion Criteria

- Tuberculosis
- Acute Asthma
- Unstable cardiac disease including chest pain of unknown origin
- Possible diagnosis of acute coronary syndrome
- Lung cancer under acute treatment
- Uncontrolled diabetes
- Following trauma
- Reduced consciousness level
- Acute confusion
- Under 18's

Referral Route

Referrals to the Community Respiratory Services will be made via the Single Point of Access by telephone and fax. An up to date patient summary from the GP practice and any relevant clinic letters should be faxed through to SPA.

Referrals will be accepted up to two hours prior to close of business on a daily basis. Referrals made after this time will be next day contacts

The Team can be requested to contact the referrer directly by telephone, if further discussion is required about the needs of an individual patient.

The Team will notify the GP of all referrals received via other routes in order to ensure the engagement of medical staff in their patients care & maintain the profile of the service to GP's.

Referrers will be contacted to acknowledge that a referral has been received and is being actioned. The referrer will be informed of actions taken and plan of care

