

**When to refer: FEV1 <59% + mMRC  $\geq$ 2 despite optimal medical management**

**Section 1 - GP to complete:**

1) Patient Details – please fill in all fields, legibly – help us help you ☺	
Surname: _____	Name: _____
Address: _____	
UR: _____	
DOB: / /	Sex: M / F
Phone: _____	Mobile: _____

**RAPID ACCESS CLINIC**  
**Endobronchial Valve Screening**

Spirometry, TLCO +/- Lung Volumes

**\*Notes:**

2) Symptoms/History – please complete dyspnoea scale + patient history questionnaire:											
<p align="center"><b>Patient mMRC Dyspnoea Scale (circle grade):</b></p> <table border="1"> <tr> <td style="width: 20px;"><b>0</b></td> <td>I only get breathless with strenuous exercise.</td> </tr> <tr> <td><b>1</b></td> <td>I get short of breath when hurrying on level ground or walking up a slight hill.</td> </tr> <tr> <td><b>2</b></td> <td>On level ground, I walk slower than people of the same age because of breathlessness, or I have to stop for breath when walking at my own pace on level ground.</td> </tr> <tr> <td><b>3</b></td> <td>I stop for breath after walking about 100m or after a few minutes on level ground.</td> </tr> <tr> <td><b>4</b></td> <td>I am too breathless to leave the house, or I am breathless when dressing or undressing.</td> </tr> </table>	<b>0</b>	I only get breathless with strenuous exercise.	<b>1</b>	I get short of breath when hurrying on level ground or walking up a slight hill.	<b>2</b>	On level ground, I walk slower than people of the same age because of breathlessness, or I have to stop for breath when walking at my own pace on level ground.	<b>3</b>	I stop for breath after walking about 100m or after a few minutes on level ground.	<b>4</b>	I am too breathless to leave the house, or I am breathless when dressing or undressing.	<p align="center"><b>COPD Patient History Questionnaire:</b></p> <p>Smoking Status:</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Current ___ pack/s per ___ day</p> <p><input type="checkbox"/> Previous ___ pack/s per ___ day</p> <p>Do you cough up phlegm/mucous daily? <span style="float: right;">Y    N</span>  <input type="radio"/>    <input type="radio"/></p> <p>Are you on regular puffers/medications to help manage your symptoms? <span style="float: right;">Y    N</span>  <input type="radio"/>    <input type="radio"/></p> <p>Have you had 2 or more respiratory infections in the last year? <span style="float: right;">Y    N</span>  <input type="radio"/>    <input type="radio"/></p>
<b>0</b>	I only get breathless with strenuous exercise.										
<b>1</b>	I get short of breath when hurrying on level ground or walking up a slight hill.										
<b>2</b>	On level ground, I walk slower than people of the same age because of breathlessness, or I have to stop for breath when walking at my own pace on level ground.										
<b>3</b>	I stop for breath after walking about 100m or after a few minutes on level ground.										
<b>4</b>	I am too breathless to leave the house, or I am breathless when dressing or undressing.										

3) Referring GP Details:	
Dr: _____	Provider Number: _____
Address: _____	
Phone: _____	Fax: _____
Signature: _____	Date: _____

**By signing this form, you are referring the above patient for Pulmonary Function Testing +/- treatment consideration as defined in Section 2. If you feel your patient would still benefit from specialist review, please refer them to Eastern Health Respiratory outpatient clinic.**

**Section 2 – to be completed by Eastern Health Department of Respiratory Medicine:**

Treatment Criteria:			INTERNAL USE ONLY
<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	
Minimal symptoms mMRC score <1	Medication review Frequent infections mMRC score 2	RV > 175% + FEV1 <50% Non-frequent infections mMRC score >3	REVIEWED BY
<b>GP</b> Optimise medical management	<b>Non-urgent Respiratory Clinic</b> Consider specialist review	<b>Rapid Access Clinic</b> Screening for advanced treatment options	DATE    /    /

## EXPLANATION OF TESTS

- **Spirometry:** Measurement of FEV1 and FVC. Designed to identify obstruction and measure airway reversibility (asthma).
- **TLCO:** Measures the lungs ability to transfer oxygen from the alveoli into the pulmonary capillary blood. Varies with: Hb, thickness of alveolar-capillary membrane (fibrosis), surface area of the alveolar-capillary membrane (emphysema).
- **Lung Volumes (Plethysmography):** Measures lung size (eg: TLC) to confirm restriction or determine hyperinflation.

## CONTRAINDICATIONS

- Abdominal, thoracic, neuro or ocular surgery in past 6/52
- Pneumothorax in past 6 weeks.
- Haemoptysis of unknown origin.
- Open pulmonary TB
- Unstable cardiovascular status.
- Thoracic, abdominal or cerebral aneurysm.
- Angiogram or Transbronchial biopsy in past 24 hours.
- Intercostal catheters in situ.
- Recent myocardial infarction or pulmonary embolus.

### Please **STOP:**

- Ventolin, Airomir, Asmol, Bricanyl **at least 4 hours prior to test**, unless you really feel you need it.
- Atrovent, Serevent, Seretide, Oxis, Symbicort, Flutiform, Bretaris, Brimica **at least 12 hours prior.**
- Spiriva, Onbrez, Seebri, Spiolto, Ultibro, Anoro, Incruse, Breo, Singulair **at least 24 hours prior.**

You may continue: Flixotide, Qvar, Alvesco, Pulmicort.

**No smoking for at least 6 hours prior to test.**