

Specialist Clinic Referral Guidelines

RESPIRATORY MEDICINE AND SLEEP DISORDERS

If there is a concern about the delay of the appointment, or any deterioration in the patient's condition, please send an updated referral with additional information.

If the patient's care needs have become urgent, please call the unit registrar on call on 9076 2000.

To refer your patient to Specialist Outpatient respiratory medicine and sleep disorders clinics

Please send your referral to Alfred Specialist Clinics via **ConsultMed eReferral**. To log in or create a free [Consultmed account click here.](#)

Alfred Health's preference is for all referrers to utilise eReferral; however, referrals can be sent via fax to (03) 9076 6938, or email to op.referrals@alfred.org.au whilst we transition our services to this secure platform.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Please note a referral may be declined if it does not contain essential information required for triage, if the condition is not appropriate for referral to a public hospital, or is a condition not routinely seen at Alfred Health.

The clinical information provided in the referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment. Waiting times to scheduled appointments vary across clinics and are impacted by factors including clinic demand, capacity and staffing. You can view waiting times to scheduled appointments for urgent and routine referrals [here](#).

The following conditions are not routinely seen at Alfred Health:

- Patients who are being treated for the same condition at another Victorian public hospital
- Children under 18 years of age

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Please include in your referral:

Demographic details: <ul style="list-style-type: none">• Date of birth• Patient's contact details including mobile phone number• Referring GP details• If an interpreter is required• Medicare number	Clinical information: <ul style="list-style-type: none">• Reason for referral• Duration of symptoms• Relevant pathology and imaging reports (Alfred or Sandringham Radiology preferred to facilitate access to results)• Past medical history
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Please ensure the patient brings hard copies of **X-Rays, CT scan and ventilation perfusion scan** (if performed) to their appointment. This will help avoid unnecessary duplication of tests, additional appointments and delay.

Some clinics offer private consultations in public rooms. If the patient chooses to be seen as a private patient, **please provide a referral to a named specialist** to comply with MBS billing requirements. There is no out-of-pocket cost to the patient. Please note the patient may be seen by another consultant in that clinic to expedite their care.

The times to assessment may vary depending on size and staffing of the hospital department.

If you are concerned about the delay of the outpatient appointment or if there is any deterioration in the patient's condition, or if you require an urgent specialist opinion, please contact the Respiratory Registrar on call on 9076 2000.

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RESPIRATORY MEDICINE AND SLEEP DISORDERS

THE ALFRED REFERRAL GUIDELINES RESPIRATORY & SLEEP MEDICINE		
Clinic listing and contact details		
<p>For medical conditions requiring immediate attention, phone the Respiratory Registrar on call through Switchboard on 9076 2000 and/or send to The Alfred Emergency and Trauma Centre.</p> <p>For urgent referrals, contact the Respiratory Registrar on call through Switchboard on 9076 2000 and fax a comprehensive referral to 9076 3601.</p> <p>For all other appointments, fax referrals to 9076 6938.</p>		
Sleep Clinic	2 nd Floor, Philip Block	Phone: 9076 3770 Fax: 9076 3601
Cystic fibrosis service		Phone: 9076 3443 Fax: 9076 3601
Lung Transplant assessment		Phone: 9076 5735 Fax: 9076 3601
Pulmonary hypertension		Phone: 9076 2743 Fax: 9076 3601
Pulmonary fibrosis		Phone: 9076 3045 Fax: 9076 3601
Oxygen assessment clinic		Phone: 9076 8398 Fax: 9076 3434
General respiratory (incl. lung cancer)	2 nd Floor, Philip Block	Fax referrals to 9076 6938
Allergy Asthma & Clinical Immunology	Fax referrals to 9076 6938	Phone: 9076 2934 Fax: 9076 2245

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Asthma

Refer to [Asthma, Allergy and Clinical Immunology Referral and Management Guidelines](#).

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Unexplained Chronic Breathlessness

Department of Health [Statewide Referral Criteria](#) apply for this condition.

Criteria for referral to public hospital service

Unexplained chronic pathological breathlessness where any of the following explanations have **already been excluded**:

- anaemia
- anxiety or hyperventilation
- cardiac conditions (e.g. congestive cardiac failure, ischaemic heart disease, cardiac arrhythmias, myocardial infarct)
- occupational exposure
- respiratory conditions (e.g. chronic obstructive pulmonary disease (COPD), interstitial lung disease, lung malignancy, upper airway obstruction)
- smoking (cigarettes and all forms of tobacco, nicotine, vaping and cannabis) or inhalant use
- thyroid disease.

Information to be included in the referral

Information that **must** be provided

- Symptoms including duration, severity and any diurnal variation
- How symptoms are impacting on activities of daily living including impact on work, study or carer role
- Findings on physical examination, including oxygen saturation
- Weight
- Details of previous management including the course of treatment(s) and outcome of treatment(s)
- Any known or suspected allergies or triggers
- Smoking history (cigarettes and all forms of tobacco, nicotine, vaping and cannabis)
- History of occupational or environmental exposure risks, or radiotherapy treatment (if relevant)
- Chest x-ray (including date and details of the diagnostic imaging practice)
- Recent (in previous 6 months) full blood examination (FBE) results
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- Past medical history and comorbidities.

Unexplained Chronic Breathlessness, continued

Provide if available

- Spirometry
- Height
- Other lung function tests
- Chest CT scan (including date and details of the diagnostic imaging practice)
- Transthoracic echocardiogram report (including date and details of the diagnostic imaging practice)
- Current vaccination status.

Additional comments:

The [Summary and referral information](#) lists the information that should be included in a referral request.

Referrals for pulmonary rehabilitation should be directed to a pulmonary rehabilitation service.

Referrals for [assessment of asthma management](#), [suspected or confirmed chronic obstructive pulmonary disease](#) or [suspected or confirmed interstitial lung disease](#) should be directed to a respiratory service provided by the health service.

Referrals for [heart failure](#) or [palpitations](#) should be directed to a cardiology service provided by the health service.

Referrals for [persistent iron deficiency](#) should be directed to a gastroenterology service provided by the health service.

Referrals for [hyperthyroidism](#) or [hypothyroidism](#) should be directed to an endocrinology service provided by the health service.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

Referral to a public hospital is not appropriate for

Referrals that do not meet the criteria.

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Bronchiectasis

Immediately contact the respiratory registrar on 9076 2000 to arrange an urgent respiratory assessment for:

- Severe bronchiectasis.

Information to be included in the referral

- History of childhood infections, recurrent respiratory infections, haemoptysis
- CXR – patient to bring films to appointment
- Sputum MC&S

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Suspected or confirmed chronic obstructive pulmonary disease (COPD)

Department of Health [Statewide Referral Criteria](#) apply for this condition.

Direct to the Emergency Department for:

Chronic obstructive pulmonary disease (COPD) with

- significant, new or changed respiratory symptoms (for example unable to eat, sleep or walk)
- breathlessness at rest and oxygen saturation < 90 percent, or a reduction of 3 to 4 percent from usual baseline
- sudden or severe worsening of symptoms (e.g. breathlessness, cough)
- acute confusion or impaired consciousness.

Please call the admitting officer on 1800 ALFRED (1800 253 733) and contact Respiratory Registrar on call on 9076 2000.

Criteria for referral to public hospital service

- Assessment for difficult to control symptoms or unusual symptoms such as haemoptysis or dysfunctional breathing, where lung cancer or other critical respiratory illness has been excluded
- Assessment for uncertain diagnosis
 - bullous lung disease
 - COPD patient age < 40
 - onset of right-sided heart failure
 - exclusion of asthma
 - frequent chest infections
- Advice on, or review of, the management of moderate or severe COPD or COPD with rapid decline in forced expiratory volume
- Assessment for lung volume reduction surgery.

Information to be included in the referral

Information that **must** be provided

- Reason for referral and expectation, or outcome, anticipated by the patient, or their carer, and the referring clinician from the referral to the health service
- Onset, nature and duration of symptoms and breathlessness
- How these symptoms are impacting on activities of daily living including impact on work, study, school or carer role

Suspected or confirmed chronic obstructive pulmonary disease (COPD), continued

- Findings on physical examination, including oxygen saturation
- Smoking history (cigarettes and all forms of tobacco, nicotine, vaping and cannabis)
- At risk occupational history if relevant
- Past medical history and comorbidities
- Details of previous medical management including the course of treatment and outcome of treatment
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- History of any other inhalant use, including if the patient is still using
- Chest x-ray (including date and details of the diagnostic imaging practice)
- Recent (in previous 6 months) full blood examination (FBE) results
- Recent (in previous 6 months) urea and electrolyte results.

Provide if available

- Spirometry
- Height
- Weight
- Sputum culture results
- Electrocardiogram (ECG) tracings
- Echocardiogram report (including date and details of the diagnostic imaging practice)
- Chest CT scan (including date and details of the diagnostic imaging practice)
- Current vaccination status
- If the person has a limited life expectancy
- Details of any Advance Care Directive
- If the person identifies as an Aboriginal and Torres Strait Islander.

Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request. The referral should note if the request is for a second or subsequent opinion as requests for a second opinion will usually not be accepted.

Referrals for [unexplained chronic breathlessness](#) should be directed to a respiratory service provided by the health service.

Referrals for pulmonary rehabilitation should be directed to a pulmonary rehabilitation service.

Suspected or confirmed chronic obstructive pulmonary disease (COPD), continued

Request for domiciliary oxygen should be directed to the [Victorian Statewide Equipment Program \(SWEPP\)](#). To be eligible for subsidised oxygen through the Domiciliary Oxygen Program, the applicant's clinical test results must meet the [Thoracic Society of Australia and New Zealand \(TSANZ\) guidelines for domiciliary oxygen provision](#). Domiciliary oxygen is not available for occasional use, or for use with nebulisers, suctioning equipment or for occasional exacerbations of asthma. Domiciliary oxygen will not be supplied to anyone who is a current smoker or who has resumed active smoking once approved for domiciliary oxygen.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

Referral to a public hospital is not appropriate for

Patients that are stable, or not for further active management.

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Haemoptysis

Direct to the Emergency Department for:

- Major haemoptysis (> 200 ml blood loss)
- > 150 ml blood loss with coexisting impairment of lung function.

Please call the admitting officer on 1800 ALFRED (1800 253 733)

Immediately contact the Respiratory registrar on call on 9076 2000 to arrange an urgent respiratory assessment for:

- Minor haemoptysis (< 200 ml blood loss).

Also fax a comprehensive referral to 9076 3601

Information to be included in the referral

- Associated symptoms of breathlessness, pleuritic chest pain, feeling unwell
- CXR – patient to bring films to appointment.

Volume:

- Major haemoptysis: > 200 mL
- Minor haemoptysis: < 200 mL

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Suspected or confirmed interstitial lung disease

Department of Health [Statewide Referral Criteria](#) apply for this condition.

Direct to the Emergency Department for:

Suspected or confirmed interstitial lung disease with

- severe breathlessness
- worsening hypoxaemia
- new arrhythmia or chest pain.

Criteria for referral to public hospital service

- Suspected or confirmed interstitial lung disease that requires further advice on, or review of, the current management plan, or management of treatment related adverse effects (e.g. dyspnoea associated with chest pain or palpitations, stridor, significant hypoxaemia, unintended weight loss)
- Confirmation of suspected diagnosis and advice on management plan.

Information to be included in the referral

Information that **must** be provided

- Description of onset, nature, progression, recurrence and duration of symptoms of interstitial lung disease
- How symptoms are impacting on activities of daily living including impact on work, study, school or carer role
- Findings on physical examination, including oxygen saturation
- Chest x-ray (including date and details of the diagnostic imaging practice)
- Recent (in previous 6 months) full blood examination (FBE) results
- Smoking history (cigarettes and all forms of tobacco, nicotine, vaping and cannabis)
- History of occupational or environmental exposure risks, or radiotherapy treatment (if relevant)
- Details of previous medical management including the course of treatment(s) and outcome of treatment(s)
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- History of any other inhalant use, including if the patient is still using
- Past medical history and comorbidities (particularly connective tissue disorders).

Suspected or confirmed interstitial lung disease, continued

Provide if available

- Spirometry
- Height
- Weight
- Other lung function tests
- Rheumatoid factor (RhF) levels
- High resolution CT chest (including date and details of the diagnostic imaging practice)
- Date of COVID-19 infection(s), provide month and year
- If the person identifies as an Aboriginal and Torres Strait Islander.

Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

Referral to a public hospital is not appropriate for

Not applicable.

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Lung cancer

For urgent referrals, immediately also contact the on-call Registrar on 0407 524 911 or via switch on 9076 2000.

- To refer a patient, complete and fax a referral to the Alfred on 9076 7631.
- Patients with suspected lung cancer will be offered an appointment within 2 weeks of referral receipt.
- Presentation, initial investigations and referral factsheet can be found [here](#).
- Further information about the Lung Cancer Assessment Service can be found [here](#).

Information to be included in the referral

- Results of current clinical investigations (radiology and pathology)
- Any prior radiology, particularly a hard copy or CD of previous chest X-rays and CT scans where online access is not available (lack of a hard copy should not delay referral)
- Notification if an interpreter service is required.

Please refer to the [NHMRC](#) for further information.

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Persistent cough

Department of Health [Statewide Referral Criteria](#) apply for this condition

Criteria for referral to public hospital service

Persistent cough (> 8 weeks) with normal chest x-ray and normal pulmonary function and where any of the following explanations have already been excluded:

- asthma
- chronic obstructive pulmonary disease (COPD)
- chronic rhinosinusitis
- gastroesophageal reflux
- hoarse voice (dysphonia)
- hypersensitivity or sensitivity to environmental irritants (e.g. perfumes and bleaches)
- lung cancer
- medicine induced cough (e.g. ACE-inhibitors, angiotensin-II receptor antagonist)
- respiratory infection
- smoking (cigarettes and all forms of tobacco, nicotine, vaping and cannabis).

Information to be included in the referral

Information that **must** be provided

- Symptoms including duration, severity, any diurnal variation and associated syncope and incontinence
- Findings on physical examination, including oxygen saturation
- Details of previous management including the course of treatment(s) and outcome of treatment(s)
- Any known or suspected allergies or triggers
- Smoking history (cigarettes and all forms of tobacco, nicotine, vaping and cannabis)
- History of occupational or environmental exposure risks, or radiotherapy treatment (if relevant)
- Chest x-ray (including date and details of the diagnostic imaging practice)
- Recent (in previous 6 months) full blood examination (FBE) results
- Erythrocyte sedimentation rate (ESR)
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- Past medical history and comorbidities.

Persistent cough, continued

Provide if available

- Spirometry
- Other lung function tests
- High resolution chest CT (including date and details of the diagnostic imaging practice)
- Details of any previous gastroenterology or ENT assessments or opinions
- Previous gastroscopy findings.

Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

Referrals for [assessment of asthma management](#) or [suspected or confirmed chronic obstructive pulmonary disease](#) should be directed to a respiratory service provided by the health service.

Referrals for [gastroesophageal reflux](#) should be directed to a gastroenterology service provided by the health service.

Referrals for [hoarse voice \(dysphonia\)](#) or [rhinosinusitis](#) should be directed to an ENT service.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

Referral to a public hospital is not appropriate for

Referrals that do not meet the criteria.

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Pleural effusion

Immediately contact the respiratory registrar on 9076 2000 to arrange an urgent respiratory assessment for:

- Severe symptoms.

Fax a comprehensive referral to 9076 3601

Information to be included in the referral

- Smoking history
- Cardiac history
- CXR – patient to bring films to appointment

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Pneumonia

Hospital acquired

Community acquired

Aspiration pneumonia

Direct to the Emergency Department for:

- Severe pneumonia.

Please call the admitting officer on 1800 ALFRED (1800 253 733) and contact Respiratory Registrar on call on 9076 2000.

Immediately contact the Respiratory registrar on 9076 2000 to arrange an urgent respiratory assessment for:

- Poor response to treatment
- Persistent CXR changes (> 10 days) despite treatment

Fax a comprehensive referral to 9076 3601

Information to be included in the referral

- CXR
- Smoking history
- CO-morbidities
- Social circumstances

Additional information

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Pneumothorax

Direct to the Emergency Department for:

- Pneumothorax.

Please call the admitting officer on 1800 ALFRED (1800 253 733) and contact Respiratory Registrar on call on 9076 2000.

Information to be included in the referral

- Underlying pulmonary disease
- Smoking history
- CXR

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Pulmonary embolism

Direct to the Emergency Department for:

- Pulmonary embolism.

Please call the admitting officer on 1800 ALFRED (1800 253 733) and contact Respiratory Registrar on call on 9076 2000.

Information to be included in the referral

- Travel
- General health
- Coagulation disorders
- Medications

See also [Vascular Surgery Referral and Management Guidelines](#)

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Pulmonary hypertension

Immediately contact the Respiratory registrar on 9076 2000 to arrange an urgent respiratory assessment for:

- If circumstances require urgency.

Information to be included in the referral

- Full past medical history
- Current medications
- History of presenting complaint
- Degree of functional limitation.

Investigations- please include copies of the following reports:

- Bloods
- Echocardiogram +/- right heart catheterisation +/- coronary angiogram
- Lung function- spirometry and gas exchange
- Functional impairment

Provide if available:

- HRCT Scan report
- CTPA report
- VQ Scan Report
- Autoantibody Screen
- BNP or NTproBNP

Additional information:

Pulmonary Hypertension can be secondary to a number of different conditions and at times may relate to multifactorial causes particularly in patients with multiple comorbidities. These patients require assessment and management as their treatment may include optimising therapy for the underlying disease.

This clinic is focussed on the assessment of Group 1 (Pulmonary Arterial Hypertension- PAH) and Group 4 (Chronic Thromboembolic Pulmonary Hypertension CTEPH) patients where specific therapies may be appropriate.

Please include the essential [demographic details and clinical information](#) in the referral. Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Chronic Thromboembolic Pulmonary Hypertension (CTEPH)

Immediately contact the respiratory registrar on 9076 2000 to arrange an urgent respiratory assessment:

- If circumstances require urgency.

Information to be included in the referral

- Full past medical History
- Current medications
- History of presenting complaint
- Degree of functional limitation.

Investigations- please include copies of the following reports:

- Bloods
- Echocardiogram +/- coronary angiogram +/- previous right heart catheter
- Lung function- spirometry and gas exchange
- CTPA report
- VQ Scan Report

Provide if available:

- Autoantibody Screen
- Thrombophilia screen
- BNP or NTproBNP

Additional information:

Pulmonary Hypertension frequently complicates left heart (Group 2) and respiratory (Group 3) diseases where the focus of treatment should be to optimise therapy for the underlying heart or lung disease.

This clinic is focussed on the assessment of Group 1 (Pulmonary Arterial Hypertension- PAH) and Group 4 (Chronic Thromboembolic Pulmonary Hypertension CTEPH) where specific therapies may be appropriate.

Please include the essential [demographic details and clinical information](#) in the referral. Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Pulmonary nodules

Immediately contact the Respiratory registrar on 9076 2000 to arrange an urgent respiratory assessment and fax a comprehensive referral to 9076 3601

Information to be included in the referral

- Smoking history
- Past history of malignancy
- CXR

[The Alfred Radiology request form.](#)

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Sarcoidosis/hilar lymphadenopathy

Information to be included in the referral

- Urgency depends on severity and duration of symptoms.

Investigations:

- CXR
- [The Alfred Radiology request form.](#)
- Se Ca++
- Mantoux testing
- Skin rash

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Tuberculosis

Contact the Respiratory Registrar on call immediately on 9076 2000 for containment purposes prior to sending patient to Emergency Department.

Information to be included in the referral

- Travel history/immigrant status
- Immunosuppression
- Alcohol and drug abuse
- Diabetes
- CXR
- [The Alfred Radiology request form.](#)
- Mantoux testing.

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Adult Sleep Disorders

Department of Health [Statewide Referral Criteria](#) apply for this condition.

Criteria for referral to public hospital service

- Symptomatic patients with a high probability for moderate to severe obstructive sleep apnoea based on Epworth Sleepiness Score (ESS) and a high probability for moderate to severe obstructive sleep apnoea based on a STOP-Bang or OSA50 score
- Patients with new, or worsening, sleep issues unresponsive to current medical management that require further advice on sleep management
- Driving assessments
- Requests for sleep studies for patients that are ineligible for, or unable to access, a General Practitioner (GP) requested sleep study.

Information to be included in the referral

Information that **must** be provided

- Description of onset, nature, progression, recurrence and duration of symptoms (somnolence, snoring, witnessed apnoea, restless sleep, unrefreshing sleep, tiredness)
- How these symptoms are impacting on activities of daily living including impact on work, study, school or carer role and level of sleep disturbance
- Occupation
- Completed Epworth Sleepiness Score (ESS)
- Completed STOP-Bang score or OSA50 score
- Body mass index (BMI)
- Level of alcohol intake
- Smoking history (cigarettes and all forms of tobacco, nicotine, vaping and cannabis)
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- Past medical history and comorbidities.

Provide if available

- If confirmed obstructive sleep apnoea
- Full report of most recent sleep investigation
- Details of previous medical management (mandibular advancement splint, continuous positive airways pressure (CPAP) therapy) and outcome of treatment(s).

Adult Sleep Disorders, continued

Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

This statewide referral criteria must be used for referrals to public sleep specialist services offered by Alfred Health, Austin Health, Eastern Health, Monash Health, St Vincent's Health, The Royal Melbourne Hospital and Western Health.

A sleep study is not required prior to referral. Patients may be offered a sleep study prior to review by a sleep physician.

There are also ENT statewide referral criteria for [Obstructive sleep apnoea](#)

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

Referral to a public hospital is not appropriate for

Patients who have purchased their CPAP machine from an external supplier experiencing technical problems should return to their supplier for advice.

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Excessive sleepiness

Movement disorders

Narcolepsy

Restless legs

- Routine referral
- All referrals for Sleep Disorders should be faxed to 9076 3601.

Information to be included in the referral

- Careful history
- FBE, ferritin
- TFTs
- LFTs
- U&E, Creatinine
- History of psychiatric illness or psychological issues.

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Insomnia

- Routine referral
- All referrals for Sleep Disorders should be faxed to 9076 3601.

Investigations:

- Careful history
- FBE, ferritin
- TFTs
- LFTs
- U&E, Creatinine
- History of psychiatric illness or psychological issues.
- [Insomnia Severity Index](#)

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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THE ALFRED REFERRAL GUIDELINES

RESPIRATORY & SLEEP MEDICINE

New York Heart Association Score

- I** No limitation of any physical activity.
- II** Ordinary physical activity results in fatigue, palpitations, breathlessness or chest pain.
- III** Less than ordinary physical activity causes fatigue, palpitations, breathlessness or chest pain.
- IV** Unable to carry out physical activity without discomfort.

ECOG Performance Status

Eastern Cooperative Oncology Group, Robert Comis M.D., Group Chair.

As published in Am. J. Clin. Oncol.:

Oken, M.M., Creech, R.H., Tormey, D.C., Horton, J., Davis, T.E., McFadden, E.T., Carbone, P.P.: Toxicity And Response Criteria Of The Eastern Cooperative Oncology Group. Am J Clin Oncol 5:649-655, 1982.

These scales and criteria are used by doctors and researchers to assess how a patient's disease is progressing, assess how the disease affects the daily living abilities of the patient, and determine appropriate treatment and prognosis. They are included here for health care professionals to access.

ECOG PERFORMANCE STATUS

0	Fully active, able to carry on all pre-disease performance without restriction.
1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work.
2	Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours.
3	Capable of only limited self-care, confined to bed or chair more than 50% of waking hours.
4	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.

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THE ALFRED REFERRAL GUIDELINES		
RESPIRATORY & SLEEP MEDICINE		
Antibiotic choice for empirical treatment of community acquired pneumonia		
	Low Risk	High Risk
	Age <65 and no co-morbidities	Age >65 and/or co-morbidities
SEVERE Require admission Criteria for severity: Clinical: Temperature <35 or >40 Respiratory rate >30/min BP<90 mmHg Confusion or decreased conscious state Laboratory: PaO2 <60mmHg on air O2 saturation <94% on air PaCO2 >50 mmHg WCC <4 or >30 Neutrophils <1 Elevated urea Anaemia Metabolic acidosis Radiological: Multi-lobe involvement	Penicillin IV plus Roxithromycin or Clarithromycin orally	IV Ceftriaxone plus IV Erythromycin or when able to take oral medication then Roxithromycin or Clarithromycin orally OR IV Penicillin plus oral Ciprofloxacin plus Roxithromycin or Clarithromycin orally
MILD If none of criteria above present – home or outpatient	Roxithromycin or Clarithromycin orally	Penicillin IV and/or Roxithromycin or Clarithromycin orally (Admit for 48 hours of observation)

Specialist Clinic Referral Guidelines

RESPIRATORY MEDICINE AND SLEEP DISORDERS

THE ALFRED REFERRAL GUIDELINES						
RESPIRATORY & SLEEP MEDICINE						
Epworth Sleepiness Score						
How likely are you to doze off in the following situations?						
		would never doze	slight chance of dozing	moderate chance of dozing	high chance of dozing	Your Score
a	Sitting and reading	0	1	2	3	
b	Watching television	0	1	2	3	
c	Sitting inactive in a public place (e.g. Meeting, theatre)	0	1	2	3	
d	As a passenger in a car for an hour without a break	0	1	2	3	
e	Lying down in the afternoon if you have the opportunity	0	1	2	3	
f	Sitting and talking to someone	0	1	2	3	
g	Sitting quietly after lunch without alcohol	0	1	2	3	
h	Driving a car, while stopped for a few minutes in traffic	0	1	2	3	
		Total Sleepiness Score:				

Specialist Clinic Referral Guidelines

RESPIRATORY MEDICINE AND SLEEP DISORDERS

THE ALFRED REFERRAL GUIDELINES

RESPIRATORY & SLEEP MEDICINE

STOP-BANG Questionnaire for Obstructive Sleep Apnoea Chung et al. Anaesthesiology 2008;108:812-21.

	Yes	No
Snore: do you snore loudly (louder than talking or audible in another room)?		
Tired: do you often feel tired, fatigued or sleepy during the daytime?		
Observed: Has anyone observed you stop breathing during your sleep?		
Blood Pressure: do you have, or are you treated for, high blood pressure?		
BMI: greater than 35? (i.e. weight(kg) / Height(m) ²)		
Age: are you aged over 50 years?		
Neck Circumference: is your NC greater than 40 cm?		
Gender: are you male?		
Total		

THE ALFRED REFERRAL GUIDELINES

RESPIRATORY & SLEEP MEDICINE

OSA 50 Screening Questionnaire

	If yes, score
Waist circumference at level of umbilicus Male > 102cm Female > 88cm	3
Has your snoring ever bothered other people?	3
Has anyone noticed you to stop breathing during your sleep?	2
Are you aged 50 years or over?	2
Total	

Specialist Clinic Referral Guidelines

RESPIRATORY MEDICINE AND SLEEP DISORDERS

THE ALFRED REFERRAL GUIDELINES

RESPIRATORY & SLEEP MEDICINE

Insomnia Severity Index

Courtesy of Dr Charles M Morin PhD Université Laval

The ISI has 7 questions. The 7 answers are added to get a total score.

Insomnia problem

1. Difficulty falling asleep
2. Difficulty staying asleep
3. Problems waking up too early

None	Mild	Moderate	Severe	Very Severe
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4

4. How SATISFIED / DISSATISFIED are you with your CURRENT sleep patterns

Very satisfied	Satisfied	Moderately satisfied	Dissatisfied	Very dissatisfied
0	1	2	3	4

5. How NOTICIBLE to others do you think your sleep problem is in terms of impairing your quality of life?

Not at all Noticeable	A little	Somewhat	Much	Very Much Noticeable
0	1	2	3	4

6. How WORRIED/DISTRESSED are you about your current sleep problem?

Not at all worried	A little	Somewhat	Much	Very much worried
0	1	2	3	4

7. To what extent do you consider your sleep, problem to INTERFERE with your daily functioning (e.g. daytime fatigue, mood, ability to function at work/daily chores, concentration, memory, mood, etc) CURRENTLY?

Not at all interfering	A little	Somewhat	Much	Very much Interfering
0	1	2	3	4

Total score, the sum for all seven answers =