

Fact sheet

# Central Adelaide Respiratory and Sleep (Thoracic) Medicine Service

## Clinical Information Sheet

Clinical Condition	Severe or complex Chronic Obstructive Pulmonary Disease (COPD)
<b>Eligibility</b>	<p>Patients with uncontrolled or complex obstructive airway disease:</p> <ul style="list-style-type: none"> <li>• frequent hospital admissions</li> <li>• respiratory failure</li> <li>• need for escalation in therapy</li> <li>• requirement for home oxygen or surgical management / consideration for lung volume reduction procedures (endoscopic)</li> <li>• concern regarding alternative diagnosis</li> </ul>
<b>Priority</b>	<p><b>Acute exacerbation or respiratory failure: Mon-Fri, 9-5:</b> must be discussed with the Thoracic Registrar via switchboard 8222 4000 (RAH) or 8222 6000 (RAH) for appropriate prioritisation and then fax referral to 08 8222 5398 (RAH) or 8222 7244 (TQEH).</p> <p><b>After hours:</b> medical registrar on call via switchboard.</p>
<b>Information required with referral</b>	<p>History: recognition of severity is important</p> <ul style="list-style-type: none"> <li>• Duration and severity of symptoms – dyspnoea, exercise tolerance/ cough and sputum/ chest pain/ weight loss/ night sweats/ features of right heart failure</li> <li>• Smoking history</li> <li>• Systemic symptoms</li> <li>• Nutritional state</li> <li>• Co-morbidities and diagnosis or suspicion of intercurrent disease (eg lung cancer)</li> <li>• current treatments: inhalers/ steroids/ antibiotics/ home oxygen/ physiotherapy</li> </ul> <p>Other medical and allied health practitioners the patient has seen concerning this problem.</p> <p>Exam :</p> <ul style="list-style-type: none"> <li>• Respiratory distress (SaO<sub>2</sub> if available)</li> <li>• Auscultatory findings: Wheeze/ crackles</li> <li>• Features of right heart failure</li> <li>•</li> </ul>
<b>Investigations required with referral</b>	<p>Essential: CXR</p> <p>If available, previous spirometry (can be arranged with referral)</p>
<b>Pre-Referral management strategies (information required with referral)</b>	<p>Optimise inhaler techniques</p> <p>Implement COPD management plan as per TSANZ guidelines below</p> <p>Smoking cessation. QuitLine 131 848.</p> <p>Fluvax and Pneumovax</p> <p>Consider Pulmonary Rehabilitation via Physiotherapy</p> <p>Assess for intercurrent disease eg lung cancer</p> <p>Assess for and manage comorbidities e.g. ischaemic heart disease osteoporosis, obstructive sleep apnoea, polycythaemia, reflux</p>



<b>Discharge Criteria/information</b>	Once condition stabilised and management plan established.
<b>Fact sheets/ resources</b>	Thoracic Society of Australia & New Zealand guidelines at <a href="http://www.lungnet.com.au/COPDHandbook.pdf">www.lungnet.com.au/COPDHandbook.pdf</a> Ph: 1800 654 301

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### For more information

**Central Adelaide Respiratory and Sleep (Thoracic) Medicine Service**  
**Royal Adelaide Hospital, North Terrace ADELAIDE Telephone: 08 8222 4000**  
**The Queen Elizabeth Hospital, 28 Woodville Road, WOODVILLE Telephone: 08 8222 6000**

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