

RESPIRATORY and SLEEP

This document provides an overview of SALHN Respiratory outpatient services. Outpatient services are located at Flinders Medical Centre and Noarlunga GP Plus Super Clinic. The following conditions require **urgent admission** via Flinders Medical Centre Emergency Department.

- Acute severe asthma
- Acute respiratory failure
- Interstitial Lung Disease with respiratory failure
- Threatened large airway obstruction
- Acute pneumonia, PSI>70
- Symptomatic pneumothorax or > 15%
- Acute pulmonary embolism
- Large volume haemoptysis (>200mls/day)

While we accept referrals for a very wide range of respiratory conditions, specific guidelines exist for the following services:

Respiratory conditions treated

- [Asthma](#)
- [Chronic cough](#)
- [Chronic respiratory infection and bronchiectasis](#)
- Chronic Obstructive Pulmonary Disease (COPD)
- Haemoptysis
- [Interstitial Lung Disease \(ILD\)](#)
- [Lung cancer](#)
- [Pleural disease](#)
- [Pulmonary embolus](#)
- Sleep apnoea
- [Tuberculosis](#)
- Other complex Lung disease
- Sleep
 - Obstructive Sleep Apnoea
 - Complex Sleep Disorders
 - Insomnia

Services not provided

- Treatment for the same condition already being seen at another SA Public Hospital
- Children under 16 years of age are only seen by special arrangements

For admission or **URGENT advice contact the Respiratory Registrar via** switchboard at

Flinders Medical Centre

Ph: 8204 5511 Pager 18632

Appointments contact Respiratory Outpatients on

Flinders Medical Centre (FMC)

Ph: (08) 8204 5193

Noarlunga GP Plus (NGPP)

Ph: (08) 8384 9233

General Information to assist with referrals and the and Referral templates for FMC and NGPP are available to download from the SALHN Outpatient Services website www.sahealth.sa.gov.au/SALHNoutpatients

Version	Date from	Date to	Amendment
2.0	August 2017	August 2019	Original

Triage Guidelines for RESPIRATORY and SLEEP Referral

Diseases	Category 1 A Target < 1 week Current < 1 week	Category 1 Target < 1month Current 4-6weeks	Category 2 Target < 2 months Current < 6-12 weeks	Category 3 Target < 3 months Current 3-4 months
Asthma	Acute moderate asthma not responding to GP management	New onset of asthma	Follow-up post discharge with unstable asthma	Stable asthma for review of medication and action plan
Bronchiectasis	Infective Exacerbation of Bronchiectasis	Chronic bronchiectasis with symptoms		Asymptomatic bronchiectasis
Chronic obstructive pulmonary disease	Severe COPD with acute exacerbation (not requiring hospitalisation)	COPD with Severe Symptoms		Stable COPD for review of medication and action plan
Interstitial lung disease, including sarcoidosis	Sarcoidosis with hypercalcaemia	Suspected new diagnosis of ILD or sarcoidosis		Stable ILD for review of medication
Suspected or proven lung cancer, including pulmonary nodules	Suspected Lung Cancer, Lung Mass (>3 cm) or Lung Nodule (> 1 cm)	4-8 mm pulmonary nodule		< 4 mm pulmonary nodule
Pleural effusion	Unilateral pleural effusion, symptomatic or moderately large	New onset of small pleural effusion; no other features of malignancy	Chronic stable pleural effusion	Pleural plaques
Pneumonia and acute respiratory infection	Non-resolving lower respiratory tract infection		Follow-up after an acute episode of pneumonia, (if not undertaken by GP)	
Pneumothorax	Persistent pneumothorax: for review after acute presentation			Pneumothorax resolved; for assessment of long term treatment
Pulmonary embolism		Assessment of chronic thromboembolic disease		Assessment of ongoing requirement for anticoagulation; post hospital assessment
Pulmonary hypertension	Severe Pulmonary Hypertension with right heart failure	Severe Pulmonary Hypertension	Symptomatic pulmonary hypertension	
Chronic Respiratory Infection, including tuberculosis and bronchiectasis	Suspected tuberculosis requiring investigation or treatment, not requiring admission			Past history of tuberculosis with abnormal radiology but no active symptoms
Sleep apnoea		Suspected sleep apnoea with: recent MVA related to excessive sleepiness, or with complicating respiratory or cardiac failure. MND with respiratory failure	Sleep apnoea with excessive daytime sleepiness	Sleep Apnoea with no complicating features
Tuberculosis	Suspected tuberculosis requiring investigation or treatment, not requiring admission.			Past history of tuberculosis with no active symptoms

Symptoms*

Breathlessness		Chronic undiagnosed breathlessness with non-respiratory disorder excluded		
Chronic cough with normal CXR		Severe paroxysmal cough		Chronic Cough with no concerning features
Haemoptysis	Haemoptysis, with abnormal chest X-ray (as for lung cancer)	Haemoptysis with normal chest X-ray or CT		

* These triage criteria apply where no specific diagnosis has been determined

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