

PULMONARY REHABILITATION REFERRAL FORM – Date of referral.....

Source of referral: 1. GP practice 2. Post-exac Inpatient 3. Hosp Cons/Nurse (please circle)

Patient's name: DOB:

Patient's NHS No: Patient's Trust No:.....

Patient's address:

Carer Contact Details (if required).....

GP Practice: Patient's Tel No:

Practice Fax No. Practice Tel No:.....

Referring GP Name: Contact Tel No:

COPD confirmed by spirometry? Yes No Date:

FEV1.....FEV1%predicted:.....FVC.....FEV1/FVC ratio.....

MRCD score (see over): HAD score: A D Oxygen Sats:.....%

LTOT Yes No SBOT Yes No Ambulatory Yes No

Housebound? Yes No Smoking status: Current Ex Pack Years.....

Clinically stable? Yes No Last exacerbation date (if known):

Previous Pulmonary Rehab: Yes No Completed? Yes No Don't Know Date:

EXCLUSION CRITERIA: (Tick yes if patient suffers from any of the below)

Uncontrolled angina YES NO Recent MI <6 weeks YES NO

Aortic stenosis YES NO Uncontrolled arrhythmias YES NO

Severe neurological/musculoskeletal problems YES NO

Other conditions which may preclude/affect exercise YES NO

If you've ticked YES, please indicate below what those conditions are:.....

PULMONARY REHABILITATION – ADVICE FOR REFERRERS

REFERRAL CRITERIA

Patients must have MRCD score of 3-4. Some patients with MRCD score of 5 who may manage some aspects of the programme may be considered as long as they can attend the community rehabilitation centre.

Please send completed form to: Karen Brewin, Respiratory Physiotherapy Lead,
Physiotherapy Dept, North Tyneside General Hospital, Rake Lane, North Shields, NE29 8NH.
Direct Line: 0191 2934064. Fax: 0191 2932531. Email: Karen.Brewin@nhct.nhs.uk

MRC DYSPNOEA (MRCD) SCORE:

Grade Degree of Breathlessness Related to Exercise:

- 1 Not troubled by breathlessness except on strenuous exercise
- 2 Short of breath when hurrying or walking up a slight hill
- 3 Walks slower than contemporaries on level ground because of breathlessness, or has to stop for breath when walking at own pace
- 4 Stops for breath after walking about 100m or after a few minutes on level ground
- 5 Too breathless to leave the house, or breathless when dressing or undressing (NICE 2004)

PATIENTS WITH ANXIETY AND DEPRESSION

Evidence suggests that group structured exercise/ physical activity helps depression in people with chronic physical health problems and should be offered to people with mild to moderate levels (NICE 2009). Pulmonary rehabilitation has also been found to help anxiety. **Those with mild to moderate levels of depression and anxiety should commence a rehabilitation exercise class first with review on completion.** Patients with mood problems which are as a **direct result of their COPD** and which persist and interfere with their coping OR prevent engagement in rehab activity can be referred for 1:1 health psychology (consider their HAD score).

Those patients with anxiety and depression unrelated to their COPD should be managed and referred through other routes as appropriate, including use of IAPT.

PULMONARY REHABILITATION PATHWAY

The 3-tier model is based on MRC Dyspnoea (MRCD) scores with components of exercise and self-management skill enhancement running throughout - key worker/primary care clinicians support and co-ordinate:

Tier 1 (MRCD 1-2)

Exercise – general advice/support from the key worker/primary care clinician +/- Exercise Referral using this form (LA centre or access to a 12 week therapeutic exercise programme at a Healthy Living Centre; those considered to require ongoing support are referred on after 12 weeks to LA Centres).

Self-Management Skills – via the key worker or other PHCT members with additional support as required – see above.

Tier 2 (MRCD 3-4)

Exercise –12-week dedicated group programme delivered by experienced Health Trainers from the Dudley, Moorpark and Meadowell Healthy Living Centres one afternoon a week - **please state preferred venue.**

Self-Management Skills – Group education delivered within the Tier 2 Programme. Those where disabling anxiety/depression is preventing engagement with the programme may be referred to health psychology (consider HAD score).

Tier 3 (MRCD Complex 4 - 5)

Exercise – for those for whom Tier 2 support is unsuitable because of significant co-morbidities, housebound status/lack of transport +/- or complex psychosocial issues):

EITHER a 6-week specialist hospital-based group exercise programme, OR if housebound, a 6-week home *Maximising Mobilisation* programme delivered by respiratory physio and generic worker.

Where exercise/mobilisation is not appropriate (due to disease severity/end of life) patients can be referred using this form for support by OT, Respiratory Nurse Specialist Outreach/Palliative care

Self-Management Skills – where anxiety/depression/'distress' is preventing patients adjust/cope or engage in other rehabilitation services consider referral to health psychology for 1:1 support (hospital or domiciliary).

Physiotherapy assessment will be undertaken for all MRCD 4&5 patients prior to any exercise programme.

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