

KAMLOOPS RESPIRATORY SERVICES REQUISITION

Complete and Fax to 250-314-2391

| | |
|--|---|
| Date of referral | |
| Name | |
| Address | |
| Phone (home) | (work/other) |
| PHN | Sex <input type="checkbox"/> M <input type="checkbox"/> F |
| Date of Birth (dd/mm/yyyy) | Age |
| Physician / Specialist | |
| <input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Pre-op <input type="checkbox"/> Infectious Disease | |

| |
|--|
| Diagnosis |
| History (smoking, allergies) |
| Medications |
| Special Needs (disabilities, motility, interpreter required) |
| Notes: other |

PULMONARY FUNCTION LAB (PHONE 250-314-2475)

| | | |
|--|--|--|
| Previous study? <input type="checkbox"/> Yes <input type="checkbox"/> No | Pulmonary Function <input type="checkbox"/> Spirometry (pre and post bronchodilator) <input type="checkbox"/> Detailed Pulmonary Function Test (includes Spirometry, Flow Volume Loops, Lung Volumes, DLCOs) | Oxygen Assessment <input type="checkbox"/> Pulse Oximetry (ABG if SPO ₂ < 91%) <input type="checkbox"/> Overnight Oximetry (please complete Epworth Scale) <input type="checkbox"/> Oxygen Desaturation Study (walk test) <input type="checkbox"/> ABGs on <input type="checkbox"/> Room air <input type="checkbox"/> Oxygen |
|--|--|--|

Epworth Sleepiness Scale

| | | |
|--|--|--------------|
| Chance of Dozing 0 = Would never doze 1 = Slight chance of dozing 2 = Moderate chance of dozing 3 = High chance of dozing | Situation | # 0-3 |
| | Sitting and Reading | |
| | Watching TV | |
| | Sitting inactive in public place (i.e. theater, meeting) | |
| | As a passenger in a car for an hour without a break | |
| | Lying down to rest in the afternoon when time permits | |
| | Sitting and talking to someone | |
| | Sitting quietly after lunch without alcohol | |
| | In a car, while stopped for a few minutes in traffic | |
| | Total | |

The following tests must be ordered by a Respirologist or Pediatrician

The following test will not be performed if FEV1 < 70% predicted or less than 1.50 litres, and/or Inconsistent Spirometry efforts/results (requires a recent Spirometry with and without Bronchodilator prior to test).

Methacholine Challenge

Exercise Induced Asthma (less than 40 years old; Adult require recent negative Cardiac Stress Test)

COMMUNITY RESPIRATORY SERVICES (PHONE 250-314-2514)

| | |
|--|------------------|
| Please indicate if Spirometry required <input type="checkbox"/> Baseline Spirometry testing (respiratory medications discontinued prior to testing) <input type="checkbox"/> Spirometry on current medications (control assessment) | |
| Indicate appropriate Community Program <input type="checkbox"/> Asthma Care Program – Assessment/Education <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric <input type="checkbox"/> Breathe Well Program – Criteria 2 ER visits or 1 hospitalization in the last 12 months due to moderate to severe COPD <input type="checkbox"/> Community Respiratory Program (CRP) <input type="checkbox"/> COPD management (if patient does not meet Breathe Well criteria) <input type="checkbox"/> Ventilation Management <input type="checkbox"/> Neuromuscular Care <input type="checkbox"/> Palliative/Dyspnea Management <input type="checkbox"/> Pulmonary Rehabilitation – Lung Health Program <input type="checkbox"/> Patient is able to participate in a graded exercise program. <input type="checkbox"/> Non-acute assessment/education for COPD <input type="checkbox"/> Home Oxygen Program – (HOP) Assessment (may include ABGs, Walk Test, and Overnight Home Oximetry study) <input type="checkbox"/> Community Physiotherapy <input type="checkbox"/> Mobility Assessment/Assistance | |
| <input type="checkbox"/> Artificial Airway Management <input type="checkbox"/> Caregiver/Staff Respiratory Education <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Secretion Management/Chest Physiotherapy | |
| Ordering Physician/ Nurse Practitioner Printed Name: _____ | Signature: _____ |

Kamloops Community Respiratory Program

Description of Services

The services mentioned below (except caregiver/staff respiratory education) may include any or all of the following: physical assessment, diagnostic testing (pulse oximetry, Spirometry, peak flow monitoring, arterial blood gases, and overnight oximetry), bronchodilator/inhaler device assessment/education and disease related education/action plan.

Asthma Care Program

For patient with stable disease. Assessment would include those mentioned above. Assessments are done with a respiratory therapist in a clinic setting.

Breathe Well Program

For COPD patients with 2 or more Emergency visits or 1 hospitalization due to moderate to severe COPD in the last 12 months. Patient will be seen 24 to 48 hours post discharged from the hospital. Six weeks of case management therapy provided to help patient manage chronic COPD at home.

Community Respiratory Program

COPD Assessment/Education – For COPD patients that do not meet the Breathe Well criteria. Assessment would include those mentioned above. Assessments/education sessions are done with a respiratory therapist at home or in a clinic setting, if applicable.

Invasive/Non-invasive Ventilation Management – For patients requiring management/education regarding home ventilation, BiPAP or CPAP. This would include disease/equipment related education and training for caregivers.

Tracheostomy/Artificial Airway Management – For patients requiring management/education regarding tracheostomy tubes or artificial airways. This would include disease/equipment relation education and training for caregivers.

Neuromuscular Disease Respiratory Care – For patients requiring respiratory management/education related to neuromuscular disease (e.g. ALS, Muscular Dystrophy, Guillain-Barre Syndrome, Myasthenia Gravis). This would include disease/equipment related education and training for caregivers.

Caregiver/Staff Respiratory Education – For patient caregivers and other healthcare staff requiring training/education on procedures and/or equipment related to respiratory disease.

Palliative Assessment/Dyspnea Management – For patients with end-stage respiratory disease requiring assessment/education to relieve shortness of breath.

Pulmonary Rehabilitation (Lung Health Program)

Consists of outpatient education and exercise classes for clients living with Chronic Lung Disease.

Classes are held 2 times/week for 6 weeks.

Participants must be able to participate in a graded exercise program.

Non-acute assessment/education for COPD patients or query diagnosis of COPD. Must be able to attend an outpatient clinic.

Home Oxygen Program

Provides home oxygen assessments and subsidy for eligible residents in the BC interior (by Physician referral) for individuals who have asthma, COPD, occupational lung disease, lung cancer, cystic fibrosis or congestive heart failure. Periodic reassessments are provided to ensure eligibility criteria continue to be met for long term oxygen therapy. Applications to the Home Oxygen Therapy program are reviewed in accordance with the program guidelines and eligibility criteria.

Community Physiotherapy

Mobility Assessment/Assistance – For patients who are having difficulties with ADLs and or mobility in the home related to their respiratory disease. An assessment will be completed in the home with recommendations provided.

Secretion Management/Chest Physiotherapy – For patients with retained secretions who are having difficulty expectorating. Patients will be educated on clearance techniques and bronchial hygiene by a physiotherapist in their home.