**Somerset Clinical Commissioning Group**

Somerset BOC Community Respiratory Service Referral Form

# Referral criteria

**Home oxygen assessment**

* SpO2 < 920/ at rest on room air
* SpO2 < 900/ on exertion
* Patients with severe airflow obstruction
* Medically optimized1
* Exacerbation free in preceding 5 weeks2

**Pulmonary rehabilitation (exercise and education)**

* MRC score 2 or above
* Motivated to attend course
* No cognitive barriers to retaining
* information and participating in group exercise
* No musculoskeletal problems that prevent exercising
* Cardiac stability (unstable angina is an exclusion criterion)
* Abdominal Aortic Aneurysm requiring surgery is an exclusion criterion
* Acute LVF
* Uncontrolled hypertension/arrhythmia MI within preceding 6 weeks

# Special notes

1. **Optimum therapy**

A patient referred to the service should be on optimum medical management prior to referral. The team can be contacted for support in ensuring optimum medical management has been reached prior to a referral.

1. **Exacerbation**

An exacerbation can be defined as a sustained worsening of patient’s symptoms from his or her usual stable state that is beyond normal day to day variations and is acute in onset. Symptoms can be worsening breathlessness, cough, increased sputum production and change in sputum colour. A patient must be clinically stable (free from exacerbation) at least 5 weeks before an assessment for home oxygen therapy. Any referrals where the patient has suffered an exacerbation within the previous 5 weeks will be rejected and the

referrer asked to re-assess after 5 weeks. If there is difficulty in the patient remaining free from exacerbation for 5 weeks then please contact the Service for advice.

**4. MRC dyspnoea scale**

Grade Degree of breathlessness (related t activities)

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. 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

Note

Where the patient’s diagnosis is unclear, they should be referred to secondary care for assessment

**3. Pulse oximetry**

Pulse Oximetry should be performed on room air at rest, with oxygen being withheld for at least 30 minutes. If the patients resting pulse oximetry on room air is not below 92% then the patient does not require Long Term Oxygen Therapy. Pulse oximetry on exertion is the lowest oxygen saturation recording whilst performing an activity that makes the person short of breath. If the oxygen saturation does not drop to below 90%

Does patient consent to share their medical records being created on SystmOne

yes no

then the patient does not require ambulatory oxygen.

Service provided by:



Name DOB

Date of birth NHS No

Address

# Spirometry Results (please attach print out) SHOULD BE WITHIN LAST 12 MONTHS

FEV1 l/min % predicted

FVC l/min % predicted

FEV1/FVC %

BMI

Pulse oximetry on room air3 %

postcode

Special requirements (e.g. language, transport) yes no

# Diagnosis/Presenting Problem

Past medical history

MRC Dyspnoea Scale (1-5)4 Smoking status

Is the patient medically optimised?

yes

no

Is the patient exacerbating? yes no Is the patient on oxygen therapy? yes no

# Reason for referral

(more than one option can be selected)

Current Medication

Oxygen assessment

Pulmonary rehabilitation

Allergies

Recent Results (last 3 months)

Does the patient meet the referral criteria for the specified service? (notes on front page)

Practice Name Referrer Contact Referrer Name Date of Referral

yes no

BOC/608375/UKS/0518

# Incomplete referral forms will be returned to the referrer. Send completed referrals, plus patient summary, to secure fax 0845 600 0096 or to e-mail [BOC.ClinicalServices@nhs.net](mailto:BOC.ClinicalServices@nhs.net)

BOC Healthcare

Pulmonary Rehabilitation Service, Priestley Road, Worsley, Manchester M28 2UT, United Kingdom Tel 0800 0121858, Fax 0845 600 0096, [BOC.ClinicalServices@nhs.net,](mailto:BOC.ClinicalServices@nhs.net) [www.bocclinicalservices.co.uk](http://www.bocclinicalservices.co.uk/)

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