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
### Triage Guidelines for RESPIRATORY and SLEEP Referral

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

### Symptoms*

<table>
<thead>
<tr>
<th>Breathlessness</th>
<th>Chronic undiagnosed breathlessness with non-respiratory disorder excluded</th>
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</thead>
<tbody>
<tr>
<td>Chronic cough with normal CXR</td>
<td>Severe paroxysmal cough</td>
</tr>
<tr>
<td>Haemoptysis</td>
<td>Haemoptysis, with abnormal chest X-ray (as for lung cancer)</td>
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</tbody>
</table>

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

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