



Pulmonary and Sleep Medicine Referral Guidelines

**Pulmonary/Sleep Med
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This information is designed to aid practitioners in making decisions about appropriate medical care. These guidelines should not be construed as dictating an exclusive course of treatment. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to the institutional type of practice.

E-CONSULT DISCLAIMER:
E-consults are based on the clinical data available to the reviewing provider, and are furnished without benefit of a comprehensive evaluation or physical examination. All advice and recommendations must be interpreted in light of any clinical issues, or changes in patient status, not available to the reviewing provider. The ongoing management of clinical problems addressed by the e-consult is the responsibility of the referring provider. If you have further questions or would like clarifications regarding e-consult advice, please contact the reviewing provider. If needed, the patient will be scheduled for an in-office consultation.

All URGENT consultations require provider-to-provider communication. If your patient has a medical emergency, please direct them to the closest emergency room for expedited care.

****All urgent referrals must have direct physician to physician communication as outpatient, or consultation with the Pulmonary Consult service while patient is inpatient.****

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****APPROPRIATE PULMONARY/SLEEP MEDICINE REFERRALS****

ASTHMA OR COPD

1. Background

- a. Asthma and COPD are common obstructive airways diseases that affect our County population.

2. Pre-referral evaluation and treatment

- a. Please review asthma guidelines at <http://ginasthma.org/>
- b. Please review COPD guidelines at <http://goldcopd.org/>

3. Indications for referral

- a. Patients must be refractory to standard therapy (with good inhaler technique)

4. Please include the following with your referral

- a. CXR, Spirometry and list of treatments already trialed

HEMOPTYSIS

1. Background

- a. Expectoration of blood when coughing. Common causes include bronchitis, bronchiectasis, pulmonary infection and pulmonary malignancy.

2. Pre-referral evaluation and treatment

- a. Please obtain sputum culture for AFB, fungal culture and routine culture/gram stain.
- b. Must have pre-clinic chest X-ray in VMC PACs system.
- c. CBC, P7 and INR

3. Indications for referral

- a. Persistent coughing blood
- b. If the bleeding is imminently life-threatening:
 - i. Call Pulmonary Fellow at (408) 275-5795 or Pulmonary Consult Attending for advice
 - ii. Tell patient to go to Emergency Room directly.

4. Please include the following with your referral

- a. Results of pre-referral testing as above

INTERSTITIAL LUNG DISEASE

1. Background

- a. Complex series of disease causing inflammation and fibrosis of the lung

2. Pre-referral evaluation and treatment

- a. Testing
 - i. Order Full PFTs
 - ii. Send serologies (ANA, RF, Anti-SCL 70), P-7 & urinalysis, CPK and Sjogrens Panel
 - iii. Imaging:
 - 1. Obtain prior chest radiographs and CT scans and have them scanned to the PACS system
 - 2. If there is no CT scan, order a non-contrast study (high resolution) with inspiratory and expiratory phase

3. Indications for referral

- a. Evaluation, therapeutic options and prognostication.

4. Please include the following with your referral

- a. Results of pre-referral testing as above

LUNG MASS/NODULE

1. Background

- a. Presence of focal opacification in the lung in which <3 cm constitutes pulmonary nodule and >3cm constitutes mass. The Fleischner Society publishes guidelines management of pulmonary nodules <http://pubs.rsna.org/doi/pdf/10.1148/radiol.2017161659>

2. Pre-referral evaluation and treatment

- a. Imaging
 - i. Obtain prior chest radiographs and CT scans and have them scanned to the PACS system (Remember to place an order in HL to scan these studies)
 - ii. If there is no CT scan, order a contrast study
 - 1. Non-Contrast okay in renal failure.

3. Indications for referral

- a. Evaluation of nodule after review of the Fleischner guidelines

4. Please include the following with your referral

- a. Results of pre-referral imaging studies

OBSTRUCTIVE SLEEP APNEA

1. Background

- a. Snoring, history of non-restorative sleep, snoring and witnessed apnea while asleep.

2. Pre-referral evaluation and treatment

- a. Management
 - i. If your patient is an unsafe driver, you must notify the DMV- do not leave that responsibility to Pulmonary or Sleep Medicine Clinic.
 - ii. Insomnia and restless leg syndrome should be handled by Primary Care
 - iii. Narcolepsy/parasomnias require referral to Stanford Sleep Disorders Clinic.

3. Indications for referral

- a. In-Patients with known or suspected obstructive sleep apnea must be initially seen by the Pulmonary Consultation Service prior to discharge (allow sufficient time).
- b. Please refer patients to Sleep Clinic (rather than Pulmonary Clinic)

PLEURAL EFFUSION

1. Background

- a. Presence of pleural fluid

2. Pre-referral evaluation and treatment

- a. Needs Chest Xray and relevant lateral decubitus film scanned into PACS.

3. Indications for referral

- a. If patient is an inpatient, they must have inpatient Pulmonary consultation prior to discharge

4. Please include the following with your referral

- a. All relevant prior imaging and results of prior pleural fluid sampling.

PULMONARY ARTERY HYPERTENSION

1. Background

- a. Pulmonary hypertension is suggested by elevation of pulmonary pressures >40mmHg on ECHO and diagnosed by right heart catheterization showing mPAP>25mmHg.
- b. The most common causes are left heart disease (vast majority) and intrinsic lung disease.

https://www.escardio.org/static_file/Escardio/Guidelines/Publications/PAH/2015%20ESC-ERS%20Gles%20PH-Web%20addenda-ehv317.pdf

2. Pre-referral evaluation and treatment

- a. Patients need recent ECHO and chest X ray.
- b. Pulmonary hypertension due to left heart disease is treated by internal medicine/cardiology.

3. Indications for referral

- a. Patient without left heart disease who have suggestion of pulmonary hypertension based on ECHO.
 - i. Note that Left heart disease includes systolic/diastolic dysfunction and mitral/aortic valve disease.

4. Please include the following with your referral

- a. Results of pre-referral Echocardiogram and Chest X ray.

****INAPPROPRIATE REFERRALS TO PULMONARY/SLEEP MEDICINE CLINIC****

The conditions mentioned below may be considered inappropriate for Pulmonary/Sleep Medicine clinic and re-directed to another clinic or back to the referring provider. We want to alert referring providers of the reasoning behind this decision as well as alternate venues available for care.

EXERTIONAL DYSPNEA IN PATIENTS WITH BMI>40 AND NO KNOWN LUNG OR HEART DISEASE

1. Management by PCP

INPATIENTS WITH A PULMONARY OR SLEEP MEDICINE PROBLEM

1. Inpatients with a Pulmonary or Sleep Medicine problem must be seen by the In-Patient Pulmonary Consultation Service In-House first. Please plan ahead and allow us sufficient time to see your patient- do not call us immediately prior to the Pt's planned discharge.

PFTs

1. If you simply want PFTs, order PFTs. Do not refer the patient to clinic unless you want a consultation as well.

****REFERRALS TO BE DIRECTED TO CLINICS OTHER THAN PULMONARY/SLEEP MEDICINE****

POSITIVE PPD/LTBI or ACTIVE TB (known/suspected) – TB Clinic

SLEEP DISORDERS OTHER THAN SLEEP APNEA (eg insomnia, parasomnias, narcolepsy) – Stanford Sleep Disorders Clinics

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