



A lifetime of specialist care

Advanced COPD MDT - referral form

Please complete the form as fully as possible and either post to:

Dr Nicholas Hopkinson
Royal Brompton Hospital
Fulham Rd
London
SW3 6NP
Tel 020 7349 7775
Or email to COPD@rbht.nhs.uk or fax to 020 7349 7778

Notes:

- 1) The more information available the better able the MDT will be to respond. Minimum requirement for discussion is MRC dyspnoea score, smoking history, FEV₁ and a CT scan.
- 2) If the CT is within the last year it may not need to be repeated
- 3) Please include a copy of most recent lung function test printout with the referral (there is no need to complete the lung function part of the form if this is provided)

General criteria when considering a lung volume reduction procedure	
<ul style="list-style-type: none"> - person should have significantly reduced exercise capacity - lung function impairment (FEV₁ usually <50%) with significant hyperinflation - should be sufficiently well to cope with surgery - prepared to accept some procedural risk (requires clinicians to be able to communicate this accurately) - there is a "window of opportunity" for intervention. In "end-stage" patients it may be too late to intervene safely because lung function is too severely impaired or because of frailty 	
Are they too well to consider intervention?	Lung function, exercise capacity, prognosis, MRC dyspnoea score <3.
Are they too unwell for intervention to be safe?	Lung function, frailty, exercise capacity <100m, oxygen dependence.
Has treatment been optimised?	Smoking cessation, pulmonary rehabilitation, flu vaccination, inhaled and oral medication.
Is their lung function likely to rule out a procedure on safety grounds?	All three of FEV ₁ , TLco and Kco <20% predicted.
Do they have comorbidities that limit likely benefit or increase risk?	E.g. Pulmonary hypertension, unstable cardiac disease, malignancy, cerebrovascular disease. Ongoing smoking (possibility of intervention may help to promote quit attempts).
Have they ever had a CT thorax and if so has it been reported in terms of emphysema pattern?	Review existing CT's or obtain a CT if a potential candidate as above?

Name		Address:			
DOB					
M/F					
NHS no					
Referred by		Referring Hospital:			
		Hosp No			
Date form completed:		CT – where and when performed?			
Key points of history. Please include any major comorbidities.					
Smoker (yes/no/ex)?		CAT score		BMI	
On O ₂ (LTOT, ambulatory)?		MRC score (1-5)		Exacerbations/admissions in last year?	
Home NIV		Completed PR (date)?		O ₂ sat ⁿ (air)	
Walk distance (specify test)?		Echo done? res			
Lung Function: A copy of the lung function printout is preferred. There is no need to complete this section if this is available. BODYBOX Leave blank if only helium dilution values available					
FEV ₁ (L)		TLC % (pleth)		Clinical question?	
FEV ₁ %		RV % (pleth)			
FVC (L)		RV/TLC(pleth)			
TLco _c %					
Kco %					
FiO ₂					
PaCO ₂	kPa				
PaO ₂	kPa				
MDT: Imaging review					
MDT outcome: conclusion and plan					