

Referral form for the **Pulmonary Rehabilitation Programme**

What is Pulmonary Rehab?

Pulmonary rehab is an outpatient-based programme which aims to improve the function of people with long term respiratory disease, particularly COPD. The programme is provided by a multidisciplinary team of health care professionals in a hospital or community setting. Participants are asked to attend twice a week for eight weeks for exercises and education about COPD. A commitment to additional exercise at home is an essential part of the programme.

Inclusion Criteria

- A diagnosis of COPD with a score of 3 or more on the MRC dyspnoea scale (see below).
- On optimal therapy as per NICE guidelines.
- Any known cardiac condition must be well controlled and stable.
- Informed consent to pulmonary rehabilitation with an understanding that it requires motivation and active participation.
- If on long term oxygen therapy, ambulatory oxygen must be prescribed.
- Priority will be given to those with an FEV $<$ 50% of predicted value, but anyone who considers themselves functionally disabled by COPD is eligible to attend.
- Priority will be given to people who have not already completed a course of pulmonary rehab.
- Own transport must be provided where possible.

Exclusion Criteria

- Poorly controlled angina on minimal exertion.
- MI in 6 weeks prior to commencement of the programme
- Dyspnoea as a result of cardiac disease.
- Uncontrolled hypertension.
- Any medical problem that severely restricts exercise or compliance with the programme e.g. severe arthritis or dementia

MRC Dyspnoea Scale

1. I only get breathless with strenuous exercise.
2. I get short of breath when hurrying on the level or walking up a slight hill.
3. I walk slower than people of the same age on the level because of my breathlessness, or I have to stop for breath when walking at my own pace on the level.
4. I stop for breath after walking about 100 yards or after a few minutes on the level.
5. I am too breathless to leave the house or I am breathless when dressing or undressing.

Forename		Consultant	
Surname		GP	
DOB		GP Address	
Sex	Male / Female		
Unit No.			
Address			
Postcode		GP Telephone	
Telephone number		Special Language Requirements	

Oxygen Requirements		Date of Last CXR	
		Height (m)	
MRC Score		Weight (Kg)	
Smoking Status		FEV1 if available (and date)	
		FVC if available (and date)	

Diagnosis
PMH
Current Medications

The referrer has discussed pulmonary rehab with the patient who understands and consents to the programme.

Signature of Referrer:..... Date:.....

Print Name:..... Designation:.....

Send referrals to: Administrator, ARAS Office, North Manchester General Hospital, Delaunays Road, Crumpsall, Manchester. M8 5RB. Tel: 0161 7204709 (internal extension 44709)

ADMIN USE ONLY

Date of referral	
Date of assessment	
Date of first PR session	
Date of discharge	
Date of review	

PR programme completed ? If not, state why	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Feedback form issued ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>