



South East Division COPD Pathway Edinburgh

ePRF No.	Name:	D.O.B
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Patient excluded from pathway if (✓) any of the grey boxes

Eligibility

	Yes	No
Aged 40 Years or Over	<input type="checkbox"/>	<input type="checkbox"/>
Registered with an Edinburgh GP	<input type="checkbox"/>	<input type="checkbox"/>
Known diagnosis of COPD	<input type="checkbox"/>	<input type="checkbox"/>
Are they known to the Community Respiratory Team (CRT)	<input type="checkbox"/>	<input type="checkbox"/>

Past Medical History

Known Asthmatic	<input type="checkbox"/>	<input type="checkbox"/>
Home ventilated patient (i.e. mechanical ventilator)	<input type="checkbox"/>	<input type="checkbox"/>
Previous admissions to ITU / History of Non-Invasive Ventilation	<input type="checkbox"/>	<input type="checkbox"/>

Acute Admission Indicators

Presenting Pale & Sweaty	<input type="checkbox"/>	<input type="checkbox"/>
New Onset of Peripheral Oedema	<input type="checkbox"/>	<input type="checkbox"/>
Acute Confusion or Decreased level of consciousness	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Cope at Home (basic mobility, sanitation, feeding) without carer support	<input type="checkbox"/>	<input type="checkbox"/>
Significant Co-Morbidity (type 1 Diabetes, IHD, Renal Impairment etc)	<input type="checkbox"/>	<input type="checkbox"/>
Access to a Telephone	<input type="checkbox"/>	<input type="checkbox"/>
Referral Consent	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosis Uncertain	<input type="checkbox"/>	<input type="checkbox"/>

Critical Vital Signs

Respiratory Rate RR > 30	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Rate RR < 10	<input type="checkbox"/>	<input type="checkbox"/>
Heart Rate (BPM) > 110	<input type="checkbox"/>	<input type="checkbox"/>
Blood Pressure (BP) < 100mm (Hg) systolic	<input type="checkbox"/>	<input type="checkbox"/>
Temperature > 37.7c	<input type="checkbox"/>	<input type="checkbox"/>
SPo2 ≥ 88% (on room air or on normal prescribed level of Oxygen)	<input type="checkbox"/>	<input type="checkbox"/>
Signs and symptoms of Pneumothorax, Pneumonia, CCF, Cardiac Arrhythmia	<input type="checkbox"/>	<input type="checkbox"/>

CRT Referral Times
0800-1800 Monday to Friday
0900-1600 Saturday to Sunday
This is a 90 minute response
(including public Holidays)

07826 894067

NHS Lothian Hub
(outwith trial hours)
as per pre-existing
prof 2 prof arrangements
(request 10 min call back)

0131 537 2703

Write Outcome

Outcome (Refer to Key)
1. CRT **2.** LUCS
3. Acute Facility **4.** Referred to GP
5. Refused (Forward to GP)