PULMONARY REHABILITATION

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| --- | --- | --- | --- |
| **Patient Information** | | | |
| Name |  | NHS No. |  |
| Email |  | MRN |  |
| Address |  | DOB |  |
| Telephone |  | GP Telephone |  |
| GP Address |  | GP Name |  |
| Consent from patient to be contacted by phone/email | | | YES / NO |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Respiratory Diagnosis |  | | | | | | | | | | | |
| Recent Hospital Discharge | Yes | | | | | | | No | | | | |
| Home O2 | Yes | | | | | | | No | | | | |
| Smoking History | Smoker | | | | Ex-smoker | | | | | Never | | |
| MRC Dyspnoea Score | 1 | 2 | | | | 3 | | | 4 | | | 5 |
| Transport Required to attend classes | NO / YES | | | Interpreter Required | | | | | NO / YES - language | | | |
| Past Medical History | | | | Medications | | | | | | | | |
|  | | | |  | | | | | | | | |
| Exercise Tolerance |  | | | | | | | | | | | |
| Spirometry within 1 year or 6 months if severe or recent deterioration | Date of test | | FEV1 (%) | | | | FVC (%) | | | | FEV1/FVC (%) | |
| Gold Classification (COPD only) | MILD | | MOD | | | | SEVERE | | | | VERY SEVERE | |
| Other pertinent information |  | | | | | | | | | | | |

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| --- | --- | --- | --- |
| **Referrer Information** | | | |
| Name |  | Designation |  |
| Contact No. |  | Email |  |
| Sign |  | Date |  |

**Please email to** [nmskhubrefs@stgeorges.nhs.uk](mailto:nmskhubrefs@stgeorges.nhs.uk)Telephone contact no. 020 8725 3016

**Inclusion Criteria (please tick to confirm)**

* Respiratory Diagnosis (confirmed with spirometry)
* Breathlessness that limits functional ability (usually MRC score 2, 3, 4, 5)
* Recent hospital discharge for exacerbation of respiratory disease or COVID-19
* Optimised respiratory medical management
* Agreeable to referral and can commit to attending twice a week for approx 8 weeks
* Medically stable to participate in an hour’s exercise
* No cardiac event in last 6 weeks
* Any known cardiac condition (e.g. angina) must be well controlled and stable
* Resident in borough of Wandsworth

**Exclusion Criteria: Pulmonary Rehab is NOT appropriate is the patient has significant co-morbidities that render them unable or unsafe to exercise**

* Severe/uncontrolled Heart Failure
* Unstable angina
* Uncontrolled hypertension
* Uncontrolled cardiac arrhythmias
* Inability to walk 10m independently (with or without aids). Note maybe suitable for home based PR
* Inability to follow simple commands (in a group environment)

**MRC Dyspnoea Scale**

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