

What is Pulmonary Rehab?

Pulmonary rehab (PR) is an evidenced based outpatient programme which can improve the quality of life for people with a long-term respiratory condition, for example COPD, bronchiectasis, and pulmonary fibrosis. The programme is provided by a multidisciplinary team of health care professionals in a hospital, community or home setting for up to eight weeks, sessions include individually tailored exercise and information about lung conditions.

Speak to your local PR teams about the ways they can best support people with respiratory disease.

Please ensure informed consent is gained for pulmonary rehabilitation.

Inclusion Criteria

- A diagnosis of a chronic respiratory disease with a score of 3 or more on the MRC dyspnoea scale (see below)
- MRC 2 if breathlessness is causing an impact on daily life
- Recent Hospital admission or exacerbation due to respiratory condition
- Any known cardiac condition must be well controlled and stable.
- For work up to or awaiting lung transplant surgery

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.

Exclusion Criteria for exercise only

- Unstable angina
- MI in last 6 weeks - please refer to cardiac rehab instead
- Uncontrolled hypertension / arrhythmia.
- Any medical problem that severely restricts exercise or compliance with the programme
 - e.g. severe arthritis, or dementia.
- Acute LVF
- Uncontrolled diabetes / epilepsy

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|------------------------------|--------------------------------------|--|--|
| Forename | | Consultant | |
| Surname | | GP | |
| DOB | | GP Address | |
| Gender | Male/Female/Non-binary / Transgender | | |
| Ethnicity | | | |
| NHS number | | | |
| Address | | | |
| Postcode | | | |
| Telephone number | | GP Telephone | |
| Next of Kin – Name & Tel No. | | Special Requirements (language / communication difficulties / housebound walking aids) | |

| | | | | |
|-----------------------------------|----------------|-------|------------------------------|--|
| Oxygen Requirements and flow rate | LTOT: Yes / No | l/min | Date of last CXR | |
| | AOT: Yes / No | l/min | | |
| | SBOT: Yes / No | l/min | BMI: | |
| Falls and frequency | | | Spirometry (add date) Ratio: | |
| MRC Score | | | FEV1: | |
| Smoking Status | | | FVC: | |

| | |
|---|--|
| Respiratory Diagnosis | |
| Is the patient waiting any outstanding investigations? Yes/No | |
| If yes – what is outstanding? | |
| PMH | |
| Current Medications | |
| Date of last exacerbation: | Date of last hospitalisation with respiratory cause: |

The referrer has discussed pulmonary rehab with the patient who understands and consents to the programme and **NONE** of the exclusion criteria are met unless patient is attending for **education only**

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|---------------------------|-----------------------|
| <u>Source of Referral</u> | |
| Referrer Name..... | Referral Date..... |
| Referral Source..... | Referrer Contact..... |
| Referrer Email..... | |

Send referrals to: breathe.lhch@nhs.net