## Fact sheet

## Central Adelaide Respiratory and Sleep (Thoracic) Medicine Service

## **Clinical Information Sheet**

<b>Clinical Condition</b>	Non-Cystic fibrosis bronchiectasis
Eligibility	Patients with bronchiectasis and respiratory symptoms: consider as a diagnosis in anyone with chronic or recurrent purulent sputum.
Priority	Rapid deterioration or massive haemoptysis are assessed as immediate priorities or urgent: Mon-Fri, 9-5: must be discussed with the Thoracic Registrar via switchboard 8222 4000 (RAH) or 8222 6000 (TQEH) for appropriate prioritisation and then fax referral to 08 8222 5398 (RAH) or 8222 7244 (TQEH).  After hours: Thoracic Registrar or medical registrar on call via switchboard
Information required with referral	<ul> <li>History         <ul> <li>Duration and severity of symptoms</li> </ul> </li> <li>Past history of severe respiratory infection usually in childhood eg. Whooping cough</li> <li>Associated symptoms – dyspnoea/ cough/ chest pain/ leg swelling/ weight loss/ fevers</li> <li>Assess for sinus disease</li> <li>Assess for cor pulmonale</li> <li>systemic symptoms</li> </ul> <li>Other medical and allied health practitioners the patient has seen concerning this problem.</li>
Investigations required with referral  Pre-Referral	Blood: FBC, U&Es, coagulation studies CXR or HRCT chest Sputum MC &S, fungal C & S, nocardia, AFB if possible
management strategies (include with referral)	
Discharge Criteria/information	Discharge from routine follow-up if condition stable and long-term management plan formulated.

## For more information

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