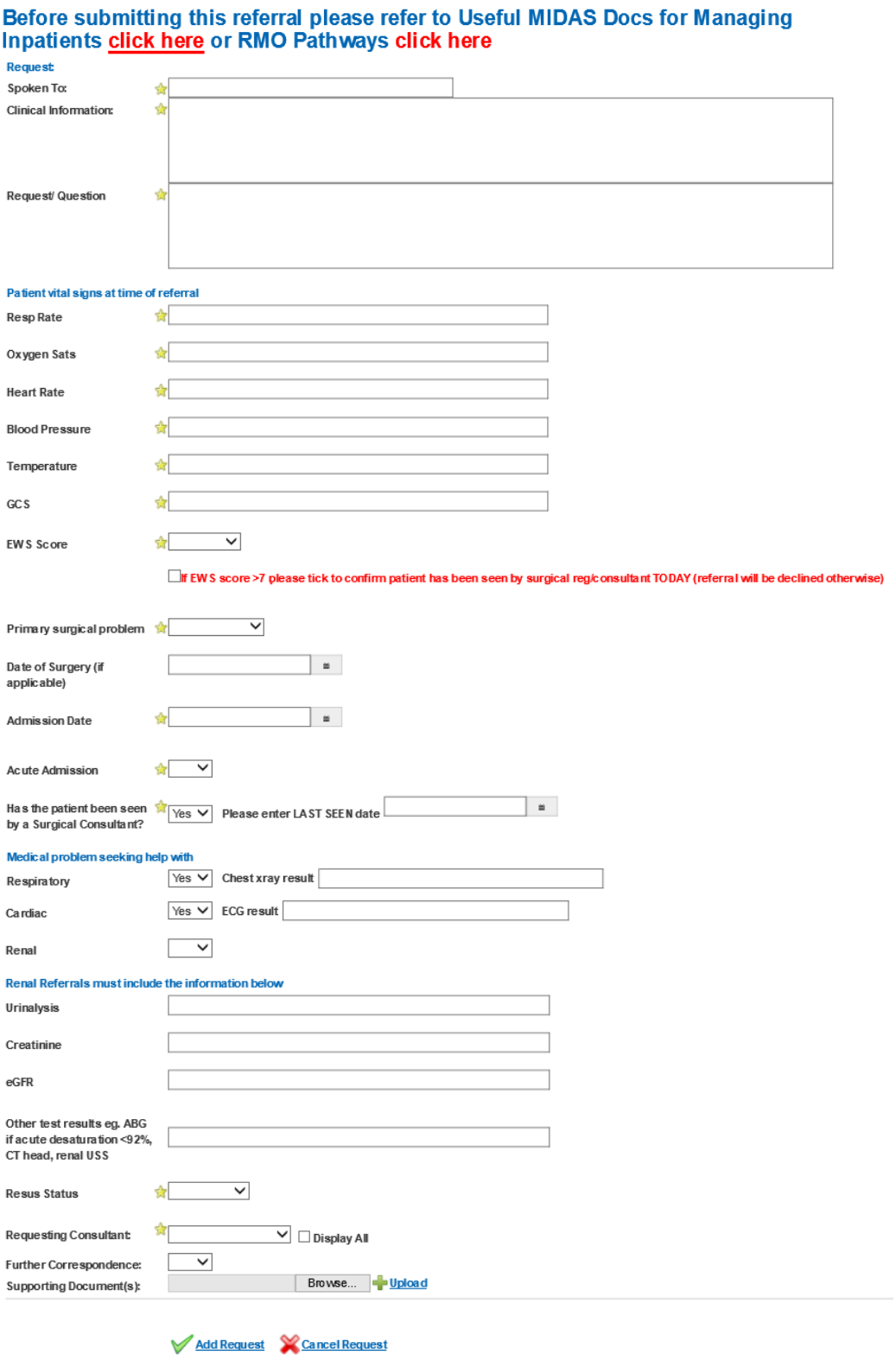


Before submitting this referral please refer to Useful MIDAS Docs for Managing Inpatients click here or RMO Pathways click here

Request:

Spoken To:

Clinical Information:

Request/ Question

Patient vital signs at time of referral

Resp Rate

Oxygen Sats

Heart Rate

Blood Pressure

Temperature

GCS

EWS Score

If EWS score >7 please tick to confirm patient has been seen by surgical reg/consultant TODAY (referral will be declined otherwise)

Primary surgical problem

Date of Surgery (if applicable)

Admission Date

Acute Admission

Has the patient been seen by a Surgical Consultant? Yes Please enter LAST SEEN date

Medical problem seeking help with

Respiratory Yes Chest xray result

Cardiac Yes ECG result

Renal

Renal Referrals must include the information below

Urinalysis

Creatinine

eGFR

Other test results eg. ABG if acute desaturation <92%, CT head, renal USS

Resus Status

Requesting Consultant: Display All

Further Correspondence:

Supporting Document(s): Browse... Upload

Add Request Cancel Request

Note that a confirmation message will be displayed on successful submission. You can also confirm a successful submission by reviewing on the my requests or search tabs. In the unlikely circumstance that the message is not displayed, please attempted to resubmit after closing and reopening the application. If problems continue please contact system support.

Acutely wheezy patient with asthma and no known diagnosis of COPD

1. Establish severity

Symptoms	Mild	Moderate	Severe and life-threatening*
Altered consciousness	No	No	Yes
Physical exhaustion	No	No	Yes
Speech	Sentences	Words	Unable to speak
Pulse	<100/min	100-120/min	>120/min
Respiratory rate	<20/min	20-30/min	>30/min
Central cyanosis	Absent	May be present	Likely to be present #
Wheeze intensity	Variable	Moderate-loud	Often quiet
PEFR (% of best)	>60%	40-60%	<40% or <100 l/m
FEV_1 (% predicted)	>60%	40-60%	<40% or <1.0 L
SaO_2	>94%	90-94%	<90%

Cyanosis and paradoxical pulse may be absent, but when present indicate severe obstruction

* Any of these features indicates that the episode is severe. The absence of any feature does not exclude a severe attack.

2. Start treatment

If mild, start inhaled or nebulised salbutamol and consider oral prednisone

If moderate, check ABG and:

Start high flow oxygen aiming sats >93% (4-6L/min Hudson or 2-4L/min NP if >50 years old or smoker)

and
nebulised/inhaled salbutamol or duolin q20-30 mins

and
40mg prednisone od or 100mg IV hydrocortisone qid

and
IV antibiotics if febrile or infective symptoms

and monitor PEFR q2hrly until >60%

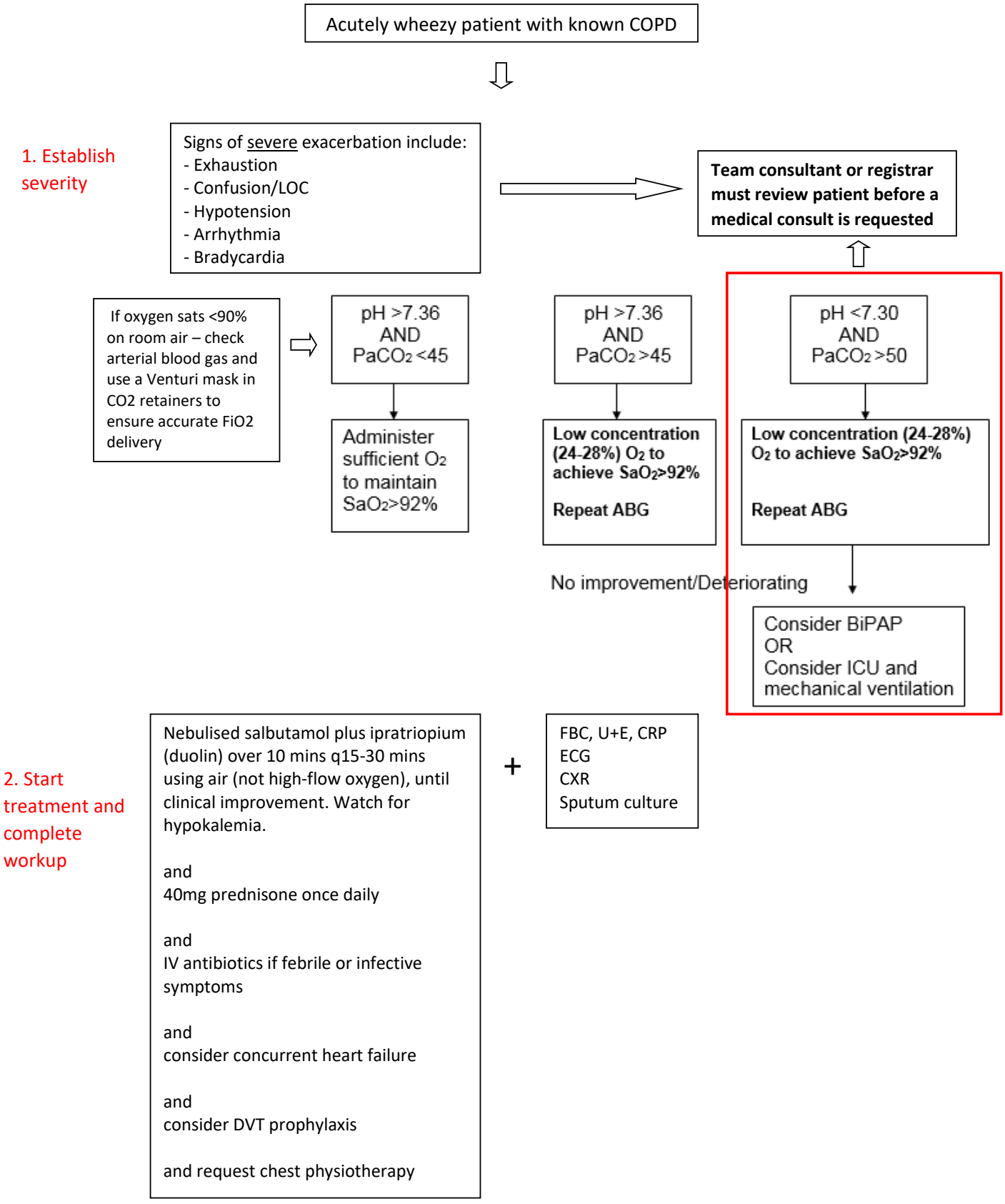
use this link to calculate predicted PEFR: https://www.mdcalc.com/estimated-expected-peak-expiratory-flow-peak-flow

If severe, start treatment as for moderate asthma and obtain urgent review by team registrar or SMO before asking for a medical consult

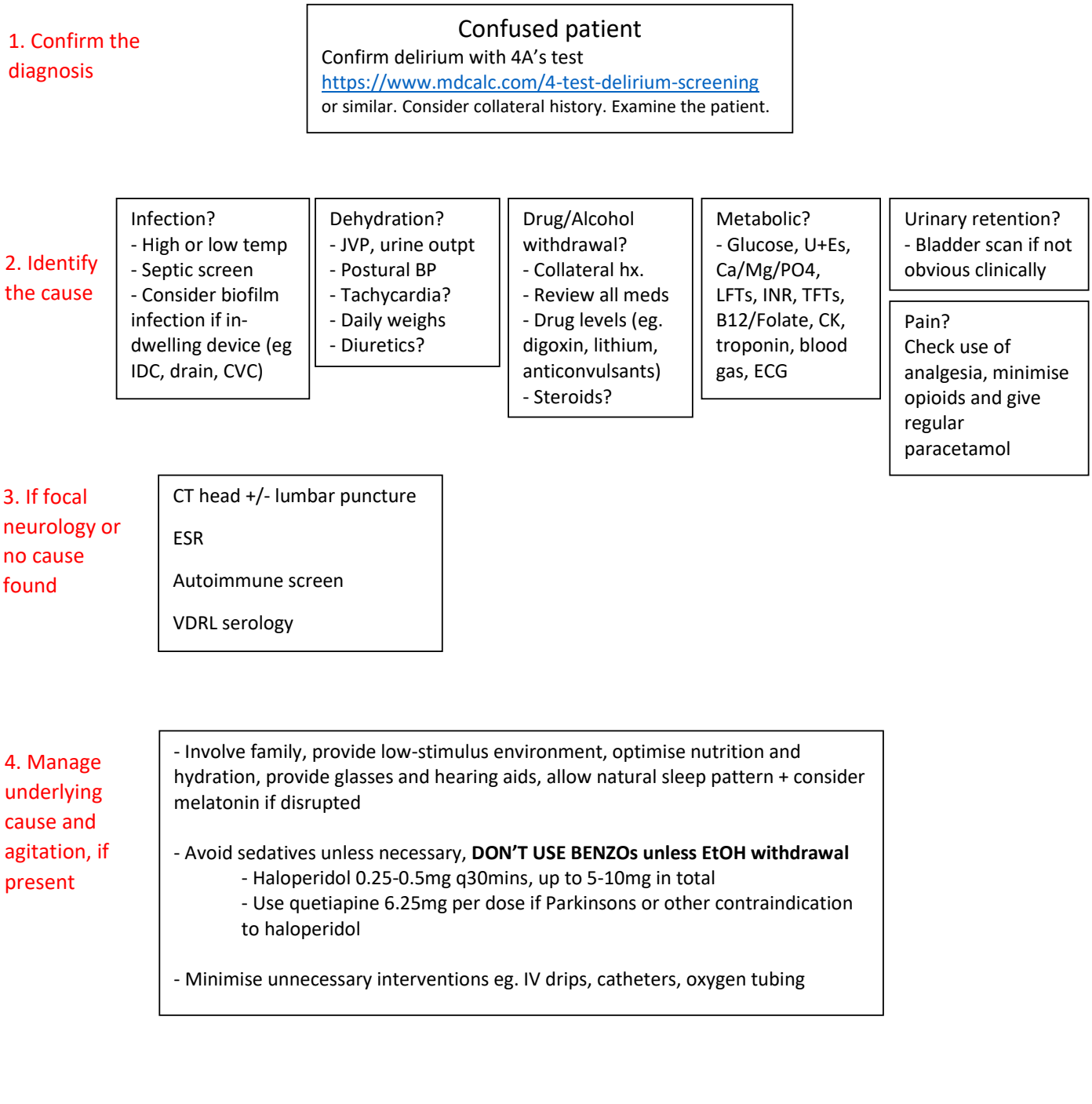
If no response to initial treatment

Chest xray to rule out pneumothorax or if clinical evidence of pneumonia/effusion. Conisder 'cardiac wheeze' if evidence of CHF

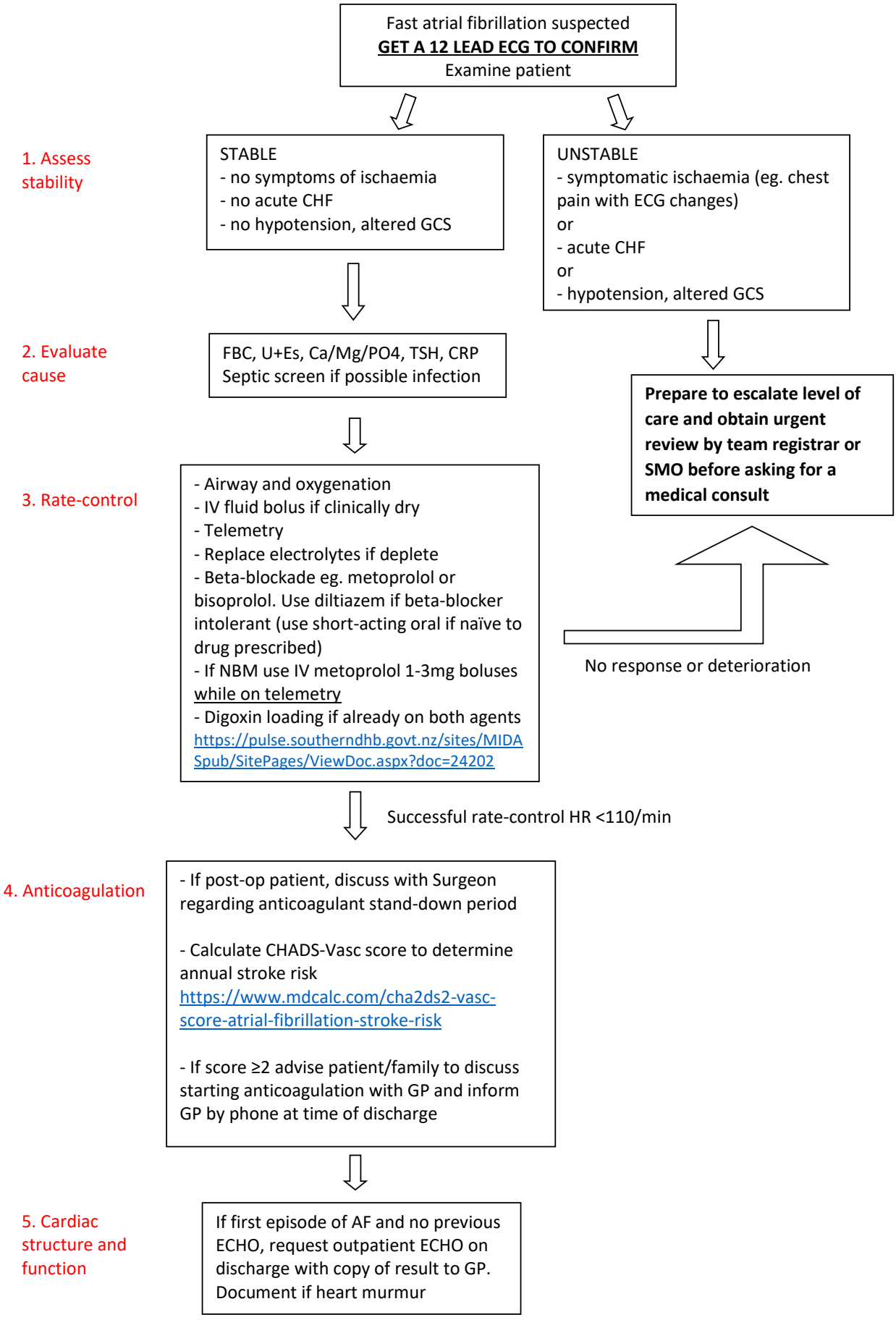
Reference: Acute asthma formulary (Otago) https://pulse.southerndhb.govt.nz/sites/MIDASpub/SitePages/ViewDoc.aspx?doc=24354



Reference: Exacerbation of COPD formulary https://pulse.southerndhb.govt.nz/sites/MIDASpub/SitePages/ViewDoc.aspx?doc=24356



Reference: https://pulse.southerndhb.govt.nz/sites/MIDASpub/SitePages/ViewDoc.aspx?doc=80139



References:
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2. http://www.med.umich.edu/1info/FHP/practiceguides/Afib/afibfinal.pdf