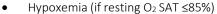


CALGARY 70NF PULMONARY REFERRAL PATHWAY

albertapathways.ca

EMERGENCY (Patient needs to be seen immediately)





 Pulmonary embolism (Acute - known or suspected)

Known or suspected active tuberculosis



Refer directly to the emergency department or Call RAAPID (South: 1-800-661-1700) and ask for respirologist on-call.

For same day advice, call Specialist Link (M-F: 8am to 5pm); after hours call RAAPID and ask for respirologist on-call.



Call the Calgary TB Clinic immediately during normal business hours (PH: 403.944.7660 | Monday to Friday: 8:00am to 4:30pm)

OR

Call RAAPID (South: 1-800-661-1700) and ask for the TB doctor on-call.



eReferral eConsult (Long COVID-19 only)
www.albertanetcare.ca/ereferral.htm
Log into Alberta Netcare and submit your questions
with any pertinent documents electronically.
Get a response within 5 calendar days.

Calgary Zone (calls returned within one hour): Visit **specialistlink.ca**OR to request tele-advice, and for more information. Tele-advice is available Monday to Friday (except statutory holidays).



*Indicate a clear reason for referral and any confirmed diagnosis to assist in directing your referral.

- Provide all required information and specific tests/investigations.
- Select referral locations (Go to last page for referral processes)
- See Qure Referral Consult Checklists (www.ahs.ca/Qure) for high-quality referral!

EXCLUSIONS: n/a

REFERRAL PROCESS

CLINICS / DIRECTORIES

CONTACT

PH: 403.943.4718 | FX: 403.592.4201

Pulmonary Consulting Services – PCAT (Pulmonary Central Access & Triage)

Receipt of referral will be confirmed with the referring provider within 2 days of receipt.

Referrals will be forwarded to subspecialty services as appropriate.

Patients are seen in the outpatient departments at four acute care sites:

Foothills Medical Centre (FMC), Peter Lougheed Centre (PLC), Rockyview General Hospital (RGH), South Health Campus (SHC)

Visit Alberta Referral Directory (https://albertareferraldirectory.ca) for more individual clinic contact information.

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REASON FOR REFERRAL	PROCESS	MANDATORY INFO (essential investigations & timeframe)	ACCESS TARGET
ASTHMA EDUCATION	Refer to Pulmonary Central Access and Triage.	No additional information required	15 business days
	Note: Patient will be assessed by a Certified Respiratory Educator, but will not be reviewed by a Respirologist. This assessment may include spirometry - as the referring physician you will also be deemed the responsible physician for spirometry results. If you would like the patient to be seen in consult by a Respirologist, please select "Asthma Consult" as the reason for referral.		
ASTHMA CONSULT	Refer to Pulmonary Central Access and Triage.	<12 Months	15 business days
	Note: Patient will be seen by a Respirologist and a Certified Respiratory Educator.	Chest x-ray (only if age >40)Spirometry	
BRONCHIECTASIS	Refer to Pulmonary Central Access and Triage.	<12 Months	15 business days
		CT Chest	
COPD EDUCATION	Refer to Pulmonary Central Access and Triage.	No additional information required	15 business days
	Note: Patient will be assessed by a Certified Respiratory Educator, but will not be reviewed by a Respirologist. This assessment may include spirometry - as the referring physician you will also be deemed the responsible physician for spirometry results. If you would like the patient to be seen in consult by a Respirologist, please select "COPD Consult" as the reason for referral.		
COPD CONSULT	Refer to Pulmonary Central Access and Triage.	<12 Months	15 business days
	Note: Patient will be seen by a Respirologist and a Certified Respiratory Educator.	Chest x-raySpirometry	
CHRONIC COUGH	Refer to Pulmonary Central Access and Triage.	Any history of: • Asthma, COPD, cough duration (>8 weeks) <6 Months • Chest x-ray • Spirometry	15 business days
DYSPNEA (SHORTNESS OF BREATH) Includes: Breathlessness / Difficulty breathing / SOB – shortness of breath	Refer to Pulmonary Central Access and Triage.	Any history of: • Asthma, COPD <6 Months • Chest x-ray • Spirometry	15 business days

REASON FOR REFERRAL	PROCESS	MANDATORY INFO (essential investigations & timeframe)	ACCESS TARGET
HEMOPTYSIS Includes: Coughing up blood	If Active & ≥2 TBSPs (30cc) per day, send the patient immediately to an Emergency Department.	n/a	n/a
	If Active & <2 TBSPs (30cc) per day or there is past history but not active/intermittent, refer to Pulmonary Central Access and Triage.	 Duration and amount (TBSPs or mls per day) 1 Month Chest x-ray 	Urgent: 3 business day Non-urgent: 15 business days
HYPOXEMIA Includes: Arterial hypoxemia / Low oxygen	If resting O_2 SAT \leq 85%, send the patient immediately to an Emergency Department.	n/a	n/a
	If resting O_2 SAT >85%, refer to Pulmonary Central Access and Triage.	No additional information required	15 business days
ILD - INTERSTITIAL LUNG DISEASE (PULMONARY FIBROSIS) Includes: Chronic hypersensitivity pneumonitis / Diffuse parenchymal lung disease / DIP – desquamative interstitial pneumonia / HP – hypersensitivity pneumonitis / Lung scarring / LIP – lymphocytic interstitial pneumonia / NSIP – nonspecific interstitial pneumonia / Pneumoconiosis / UIP – usual interstitial pneumonia	Refer to Pulmonary Central Access and Triage.	<12 Months • Chest x-ray or CT Chest	15 business days
LONG COVID-19	Refer to the Long COVID Interprofessional Outpatient Program. For eligibility requirements and additional information, visit the Alberta Referral Directory.	<1 month: Medication list (dose, frequency, route) Past medical history Chest X-ray Complete blood count Creatine Electrolyte panel Postural vital signs Ongoing fatigue 12 weeks post COVID infection. Ongoing anxiety or issues with mental health 12 weeks post COVID infection. Please note: People with unstable mental health issues need to be referred to psychiatry	40 calendar days

REASON FOR REFERRAL	PROCESS	MANDATORY INFO (essential investigations & timeframe)	ACCESS TARGET
LUNG TRANSPLANT ASSESSMENT	Refer to Pulmonary Central Access and Triage.	No additional information required	15 business days
LYMPHADENOPATHY (HILAR / MEDIASTINAL)	Refer to Pulmonary Central Access and Triage.	<6 Months • Chest x-ray or CT Chest	15 business days
MEDIASTINAL MASS Includes: Anterior mediastinal mass / Bronchogenic cyst / Mass of mediastinum / Mediastinal germ cell tumour / Thymoma	Refer to the Calgary Zone Alberta Thoracic Oncology Program (ATOP), Foothills Medical Centre Health Sciences Centre, Area 6B, 1403 29 Street NW, Calgary, AB T2N 2T9 PH: 403.944.1774 FX: 403.944.8848	<3 Months • CT Chest	15 business days
NEUROMUSCULAR RELATED RESPIRATORY DISORDER Includes: Combined disorder of muscle AND peripheral nerve / Diaphragm paralysis / Myoneural disorders / Myotonic dystrophy / Scoliosis	Refer to Pulmonary Central Access and Triage.	No additional information required	15 business days
PLEURAL EFFUSION Includes: Pleural fluid	Refer to Pulmonary Central Access and Triage.	 Any history of: Cancer (metastatic), cytology proven malignant effusion Recent (within 2 months) history of pneumonia or empyema Month Chest x-ray or CT 	15 business days
PLEURAL DISEASE Includes: Chylothorax / Empyema / Fibrothorax / Hemothorax / Mesothelioma / Para-pneumonic effusion / Pleural cuirasses / Pleural fibrosis / Pleural Metastases / Pleural plaque / Pleural scarring / Pleural thickening / Pleuritis / Pneumothorax / Rounded atelectasis	Refer to Pulmonary Central Access and Triage.	<6 Months • Chest x-ray or CT Chest	15 business days
PULMONARY EMBOLISM (ACUTE - KNOWN OR SUSPECTED)	Send the patient immediately to an Emergency Department.	n/a	n/a

REASON FOR REFERRAL	PROCESS	MANDATORY INFO (essential investigations & timeframe)	ACCESS TARGET
PULMONARY EMBOLISM (CHRONIC) Includes: Chronic thromboembolic pulmonary hypertension	Refer to Pulmonary Central Access and Triage.	<12 Months • echocardiogram	15 business days
PULMONARY HYPERTENSION (SUSPECTED OR KNOWN)	Refer to Pulmonary Central Access and Triage.	<12 Months ■ Echo showing ↑ RVSP or other Echo feature suggesting pulmonary hypertension	15 business days
PULMONARY REHABILITATION	Refer to Pulmonary Central Access and Triage.	Any history of: COPD, ILD / Pulmonary fibrosis Able to walk >100m in 6 minutes Able to walk/transfer independently Months Spirometry & DLCO	15 business days
RESPIRATORY INFECTION Includes: Aspiration pneumonia / Aspiration pneumonitis / Bronchitis / Empyema / Pneumonia / Purulent bronchitis / Recurrent pneumonia / RTI – respiratory tract infection	Refer to Pulmonary Central Access and Triage.	<6 Months • Chest x-ray or CT	15 business days
SARCOIDOSIS Includes: Sarcoid	Refer to Pulmonary Central Access and Triage.	<3 Months • Chest x-ray or CT	15 business days
SLEEP APNEA	Refer to FMC Sleep Centre Room EG12, Foothills Medical Centre, 1403 29 Street NW, Calgary, AB T2N 2T9 PH: (403) 944-2404 FX: (403) 270-2718 Note: Patient may be asked to do home sleep apnea testing (HSAT) and a questionnaire from the Sleep Centre.	Please refer to the FMC Sleep Centre Website: https://www.albertahealthservices.ca/info/Page5046.a	<u>spx</u>
SUSPECTED LUNG CANCER (PRIMARY OR METASTATIC) — LUNG NODULE(S) Includes: Lung mass / Lung nodule / Lung tumour / Multiple pulmonary nodules / Pancoast tumour / Small cell lung cancer / Solitary pulmonary nodule / Superior sulcus tumour	Refer to the Calgary Zone Alberta Thoracic Oncology Program (ATOP), Foothills Medical Centre Health Sciences Centre, Area 6B, 1403 29 Street NW, Calgary, AB T2N 2T9 PH: 403.944.1774 FX: 403.944.8848	<12 Months • Imaging report (Chest x-ray or CT)	14 days

REASON FOR REFERRAL	PROCESS	MANDATORY INFO (essential investigations & timeframe)	ACCESS TARGET
TB – TUBERCULOSIS	Refer to Calgary Tuberculosis Services.	Tuberculosis provincial referral form	active TB disease
	A provincial program that offers complete services to prevent and control tuberculosis (TB) in Alberta. This includes: screening,	https://www.albertahealthservices.ca/frm-07980.pdf	• 2 business days
	diagnosing, preventing, treating, and community follow-up.		latent TB infection
			Urgent: <1 month
	Sunridge Professional Building, 2675 36 St NE #106,		
	Calgary, AB T1Y 6H6		Non-urgent:<3 months
	PH: 403.944.7660 FX: 403.291.9185		<3 IIIOIIIIIS
TOBACCO CESSATION	Refer to Pulmonary Central Access and Triage.	No additional information required	15 business days
	Note: Patient will be assessed by a Certified Respiratory Educator,		
	but will not be reviewed by a Respirologist. This assessment may		
	include spirometry - as the referring physician you will also be		
	deemed the responsible physician for spirometry results.	_	