

Revised admission criteria for Respiratory Medicine

All patients presenting with a respiratory complaint should be discussed with the respiratory team, unless:

- Delirium / dementia

- Active comorbidity best suited to sub-speciality involvement

Diagnosis	Essential respiratory admissions
Asthma	Admissions due to asthma
Bronchiectasis	Admissions due to bronchiectasis
COPD	All suspected or confirmed acute exacerbations of COPD
Cystic Fibrosis	Any admission for patients with known CF must be discussed with respiratory
Interstitial Lung Disease	All admissions due to ILD
Lung Cancer	Confirmed / suspected requiring investigation or treatment
Pneumonia	All confirmed or suspected pneumonia
Pulmonary embolism	All PEs
Pulmonary hypertension	All admissions due to pulmonary hypertension
Pleural effusion	Pleural effusion as main issue, unless more urgent attention required under subspecialty. Large symptomatic +/- undiagnosed effusion; Suspected / likely malignant effusion
Pneumothorax	Primary / secondary / iatrogenic pneumothorax

Borderline Resp cases should be discussed with the Respiratory Registrar as Resp Cons would like first rights of refusal:

These may include;

- Any patient with type II respiratory failure requiring NIV
- COPD as a primary diagnosis even if they are associated with fast AF / CCF (overlap with MAU)
- Respiratory presentation in a patient with lung ca on chemo, unless their condition is a direct result of rad or med treatment (overlap with Onc)