SCGH Respiratory Admissions Criteria

All patients presenting with a **respiratory complaint** should be discussed with the respiratory team first and should usually come under the auspices of our care.

Unless: Moderate-severe delirium / dementia best managed in elderly care
Active complex comorbidity best suited to sub-speciality involvement eg requirement for dialysis.

Diagnosis	Essential respiratory admissions
Acute hypercapnic (Type II) respiratory failure	Patients requiring NIV excluding those needing critical care input
Asthma	Admissions due to asthma
Bronchiectasis	Admissions due to bronchiectasis
COPD	All suspected or confirmed acute exacerbations of COPD
COVID	COVID patients presenting with respiratory illness
Cystic Fibrosis	Any admission for patients with known CF must be discussed with respiratory
Interstitial Lung Disease	All admissions due to ILD
Home ventilation	Any patient admitted on home/long term NIV should be accepted by Pulm Phys or Respiratory
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 Large symptomatic +/- undiagnosed effusion; Suspected / likely malignant effusion
Pneumothorax	Non-traumatic pneumothorax

Have a low threshold for discussing any "borderline" cases with the Respiratory Consultant