



## EMERGENCY *(Patient needs to be seen immediately)*

- Hemoptysis (Active &  $\geq 2$  TBSP per day)
- Hypoxemia (if resting O<sub>2</sub> SAT  $\leq 85\%$ )
- 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.

## ASK FOR ADVICE *(Specialists provide advice to physicians for non-urgent questions.)*

eReferral Advice Request  
[www.albertanetcare.ca/ereferral.htm](http://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.

Call Specialist Link [www.specialistlink.ca](http://www.specialistlink.ca)  
 OR Local: 403.910.2551 | Toll-free: 1.844.962.5456  
 Monday to Friday: 8am to 5pm (excluding statutory holidays)  
 Get a call-back within 1 hour.

## OUTPATIENT CLINICS

*\*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](http://www.ahs.ca/QuRE) (www.ahs.ca/QuRE) for high-quality referral!

EXCLUSIONS: n/a

## REFERRAL PROCESS

CLINICS / DIRECTORIES	CONTACT
<b>Pulmonary Consulting Services – PCAT (Pulmonary Central Access &amp; Triage)</b> Receipt of referral will be confirmed with the referring provider within 2 days of receipt. Referrals will be forwarded to subspecialty services as appropriate. <b>Patients are seen in the outpatient departments at four acute care sites:</b> Foothills Medical Centre (FMC), Peter Lougheed Centre (PLC), Rockyview General Hospital (RGH), South Health Campus (SHC)	PH: 403.943.4718   FX: 403.592.4201 Submit eReferral Consult Request <a href="http://www.albertanetcare.ca/ereferral.htm">www.albertanetcare.ca/ereferral.htm</a>

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

REASON FOR REFERRAL	PROCESS	MANDATORY INFO (essential investigations & timeframe)	ACCESS TARGET
<b>ASTHMA EDUCATION</b>	Refer to Pulmonary Central Access and Triage.  <b>Note:</b> Patient will be assessed by a Certified Respiratory Educator, but will not be reviewed by a Respiriologist. 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 Respiriologist, please select “Asthma Consult” as the reason for referral.	No additional information required	15 business days
<b>ASTHMA CONSULT</b>	Refer to Pulmonary Central Access and Triage.  <b>Note:</b> Patient will be seen by a Respiriologist and a Certified Respiratory Educator.	<b>&lt;12 Months</b> <ul style="list-style-type: none"> <li>• Chest x-ray (only if age &gt;40)</li> <li>• Spirometry</li> </ul>	15 business days
<b>BRONCHIECTASIS</b>	Refer to Pulmonary Central Access and Triage.	<b>&lt;12 Months</b> <ul style="list-style-type: none"> <li>• CT Chest</li> </ul>	15 business days
<b>COPD EDUCATION</b>	Refer to Pulmonary Central Access and Triage.  <b>Note:</b> Patient will be assessed by a Certified Respiratory Educator, but will not be reviewed by a Respiriologist. 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 Respiriologist, please select “COPD Consult” as the reason for referral.	No additional information required	15 business days
<b>COPD CONSULT</b>	Refer to Pulmonary Central Access and Triage.  <b>Note:</b> Patient will be seen by a Respiriologist and a Certified Respiratory Educator.	<b>&lt;12 Months</b> <ul style="list-style-type: none"> <li>• Chest x-ray</li> <li>• Spirometry</li> </ul>	15 business days
<b>CHRONIC COUGH</b>	Refer to Pulmonary Central Access and Triage.	<b>Any history of:</b> <ul style="list-style-type: none"> <li>• Asthma, COPD, cough duration (&gt;8 weeks)</li> </ul> <b>&lt;6 Months</b> <ul style="list-style-type: none"> <li>• Chest x-ray</li> <li>• Spirometry</li> </ul>	15 business days
<b>DYSPNEA (SHORTNESS OF BREATH)</b> <i>Includes:</i> Breathlessness / Difficulty breathing / SOB – shortness of breath	Refer to Pulmonary Central Access and Triage.	<b>Any history of:</b> <ul style="list-style-type: none"> <li>• Asthma, COPD</li> </ul> <b>&lt;6 Months</b> <ul style="list-style-type: none"> <li>• Chest x-ray</li> <li>• Spirometry</li> </ul>	15 business days

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<b>HEMOPTYSIS</b> <i>Includes:</i> Coughing up blood	<b>If Active &amp; ≥2 TBSPs (30cc) per day, send the patient immediately to an Emergency Department.</b>  If Active & <2 TBSPs (30cc) per day or there is past history but not active/intermittent, refer to Pulmonary Central Access and Triage.	n/a  • Duration and amount (TBSPs or mls per day) <b>&lt;1 Month</b> • Chest x-ray	n/a  Urgent: 3 business day Non-urgent: 15 business days
<b>HYPOXEMIA</b> <i>Includes:</i> Arterial hypoxemia / Low oxygen	<b>If resting O<sub>2</sub> SAT ≤85%, send the patient immediately to an Emergency Department.</b>  If resting O <sub>2</sub> SAT >85%, refer to Pulmonary Central Access and Triage.	n/a  No additional information required	n/a  15 business days
<b>ILD - INTERSTITIAL LUNG DISEASE (PULMONARY FIBROSIS)</b> <i>Includes:</i> 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.	<b>&lt;12 Months</b> • Chest x-ray or CT Chest	15 business days
<b>LUNG TRANSPLANT ASSESSMENT</b>	Refer to Pulmonary Central Access and Triage.	No additional information required	15 business days
<b>LYMPHADENOPATHY (HILAR / MEDIASTINAL)</b>	Refer to Pulmonary Central Access and Triage.	<b>&lt;6 Months</b> • Chest x-ray or CT Chest	15 business days
<b>MEDIASTINAL MASS</b> <i>Includes:</i> Anterior mediastinal mass / Bronchogenic cyst / Mass of mediastinum / Mediastinal germ cell tumour / Thymoma	<b>Refer to the Calgary Zone Alberta Thoracic Oncology Program (ATOP), Foothills Medical Centre</b> Health Sciences Centre, Area 6B, 1403 29 Street NW, Calgary, AB T2N 2T9 <b>PH: 403.944.1774   FX: 403.944.8848</b>	<b>&lt;3 Months</b> • CT Chest	15 business days
<b>NEUROMUSCULAR RELATED RESPIRATORY DISORDER</b> <i>Includes:</i> 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

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<b>PLEURAL EFFUSION</b> <i>Includes:</i> Pleural fluid	Refer to Pulmonary Central Access and Triage.	<b>Any history of:</b> <ul style="list-style-type: none"> <li>• Cancer (metastatic), cytology proven malignant effusion</li> <li>• Recent (within 2 months) history of pneumonia or empyema</li> </ul> <b>&lt;1 Month</b> <ul style="list-style-type: none"> <li>• Chest x-ray or CT</li> </ul>	15 business days
<b>PLEURAL DISEASE</b> <i>Includes:</i> 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.	<b>&lt;6 Months</b> <ul style="list-style-type: none"> <li>• Chest x-ray or CT Chest</li> </ul>	15 business days
<b>PULMONARY EMBOLISM (ACUTE - KNOWN OR SUSPECTED)</b>	<b>Send the patient immediately to an Emergency Department.</b>	n/a	n/a
<b>PULMONARY EMBOLISM (CHRONIC)</b> <i>Includes:</i> Chronic thromboembolic pulmonary hypertension	Refer to Pulmonary Central Access and Triage.	<b>&lt;12 Months</b> <ul style="list-style-type: none"> <li>• echocardiogram</li> </ul>	15 business days
<b>PULMONARY HYPERTENSION (SUSPECTED OR KNOWN)</b>	Refer to Pulmonary Central Access and Triage.	<b>&lt;12 Months</b> <ul style="list-style-type: none"> <li>• Echo showing ↑ RVSP or other Echo feature suggesting pulmonary hypertension</li> </ul>	15 business days
<b>PULMONARY REHABILITATION</b>	Refer to Pulmonary Central Access and Triage.	<b>Any history of:</b> <ul style="list-style-type: none"> <li>• COPD, ILD / Pulmonary fibrosis</li> <li>• Able to walk &gt;100m in 6 minutes</li> <li>• Able to walk/transfer independently</li> </ul> <b>&lt;6 Months</b> <ul style="list-style-type: none"> <li>• Spirometry &amp; DLCO</li> </ul>	15 business days
<b>RESPIRATORY INFECTION</b> <i>Includes:</i> Aspiration pneumonia / Aspiration pneumonitis / Bronchitis / Empyema / Pneumonia / Purulent bronchitis / Recurrent pneumonia / RTI – respiratory tract infection	Refer to Pulmonary Central Access and Triage.	<b>&lt;6 Months</b> <ul style="list-style-type: none"> <li>• Chest x-ray or CT</li> </ul>	15 business days

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<b>SARCOIDOSIS</b> <i>Includes:</i> Sarcoid	Refer to Pulmonary Central Access and Triage.	<3 Months <ul style="list-style-type: none"> <li>Chest x-ray or CT</li> </ul>	15 business days
<b>SLEEP APNEA</b>	<b>Refer to FMC Sleep Centre</b> Room EG12, Foothills Medical Centre, 1403 29 Street NW, Calgary, AB T2N 2T9 <b>PH: (403) 944-2404   FX: (403) 270-2718</b>  <b>Note:</b> 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: <a href="https://www.albertahealthservices.ca/info/Page5046.aspx">https://www.albertahealthservices.ca/info/Page5046.aspx</a>	
<b>SUSPECTED LUNG CANCER (PRIMARY OR METASTATIC) – LUNG NODULE(S)</b> <i>Includes:</i> Lung mass / Lung nodule / Lung tumour / Multiple pulmonary nodules / Pancoast tumour / Small cell lung cancer / Solitary pulmonary nodule / Superior sulcus tumour	<b>Refer to the Calgary Zone Alberta Thoracic Oncology Program (ATOP), Foothills Medical Centre</b> Health Sciences Centre, Area 6B, 1403 29 Street NW, Calgary, AB T2N 2T9 <b>PH: 403.944.1774   FX: 403.944.8848</b>	<12 Months <ul style="list-style-type: none"> <li>Imaging report (Chest x-ray or CT)</li> </ul>	14 days
<b>TB – TUBERCULOSIS</b>	<b>Refer to Calgary Tuberculosis Services.</b> A provincial program that offers complete services to prevent and control tuberculosis (TB) in Alberta. This includes: screening, diagnosing, preventing, treating, and community follow-up.  Sunridge Professional Building, 2675 36 St NE #106, Calgary, AB T1Y 6H6 <b>PH: 403.944.7660   FX: 403.291.9185</b>	Tuberculosis provincial referral form <a href="https://www.albertahealthservices.ca/frm-07980.pdf">https://www.albertahealthservices.ca/frm-07980.pdf</a>	active TB disease <ul style="list-style-type: none"> <li>2 business days</li> </ul> latent TB infection <ul style="list-style-type: none"> <li>Urgent: &lt;1 month</li> <li>Non-urgent: &lt;3 months</li> </ul>
<b>TOBACCO CESSATION</b>	Refer to Pulmonary Central Access and Triage.  <b>Note:</b> Patient will be assessed by a Certified Respiratory Educator, but will not be reviewed by a Respiriologist. This assessment may include spirometry - as the referring physician you will also be deemed the responsible physician for spirometry results.	No additional information required	15 business days