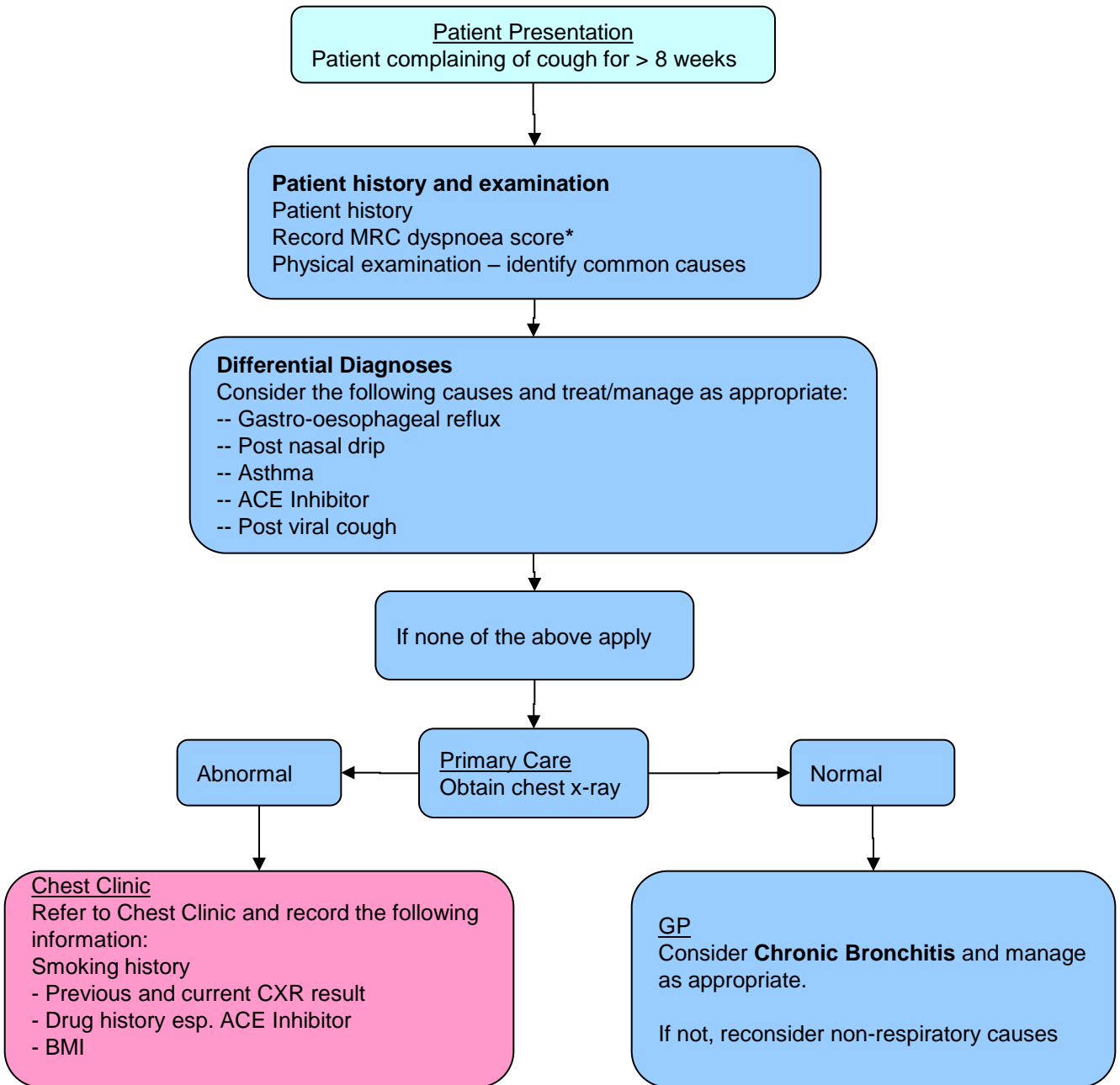


CHRONIC COUGH

RSP-3 Protocol and Pathway - Respiratory Medicine Specialty (29/03/2011)



Chest Clinic
Refer to Chest Clinic and record the following information:
Smoking history
- Previous and current CXR result
- Drug history esp. ACE Inhibitor
- BMI

GP
Consider **Chronic Bronchitis** and manage as appropriate.

If not, reconsider non-respiratory causes

*MRC functional ability / breathlessness scale:

1. Diagnosis of COPD but not restricted in usual daily activity
2. Copes with daily activity but some difficulty keeping up with peers – especially hills and stairs
3. Restricted activity out of doors – unable to keep up with peers on this level
4. Marked limitation in outdoor activity – stairs and inclines with great difficulty. Self caring indoors.
5. Essentially housebound and requires some assistance in personal care

Key

Patient presents

GP level intervention

Alternative Outpatient Service

Acute hospital

Red flag