FLAOHT
Frontenac Lennox & Addington Ontario Health Team
and its partners

Chronic Obstructive Pulmonary Disease (COPD)

Integrated Care Pathway Referral

Please fax referral to: (613) 548-2565

Patient's Name: _____ Date of Birth (yyyy/mm/dd): _____

Address: _____ Postal Code: _____

Phone: _____ Referring Provider: _____

Referring Provider Phone: _____ Primary Care Provider: _____

Eligibility:

Pulmonary function test consistent with COPD, demonstrating FEV1 / FVC <70% post bronchodilator OR radiographic evidence of emphysema on CT, **AND**:

☐ poor symptom control despite optimal therapy,
or
☐ one or more exacerbations requiring prednisone and antibiotics in the past 12 months,
or
☐ one or more emergency department visits or hospital admission within the past 12 months

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For all referrals, please attach:

☐ current medical history
☐ medication list
☐ pulmonary function test

Services Provided:

Patients will be seen by a COPD Educator and may also be assessed by a Respirologist if required.

- Self-management education
  - Pathophysiology of COPD
  - Role of medications, prescribed dosing, adherence
  - Device technique
  - Trigger avoidance and reduction
  - Identification of exacerbations
  - Use of a COPD Action Plan
  - Smoking / cannabis / vaping cessation
  - Breathing and pacing techniques
- Medication optimization and diagnostics as required
- COPD Action Plan development
- Referrals to smoking cessation, exercise therapy, others as needed

Contact information for COPD Nurse Navigator: Fax:
(613) 548-2565

Signature: _____ Date (yyyy/mm/dd): _____

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