

PRIMARY CARE REFERRAL LETTER

Pharmacy name:

Pharmacy address:

Pharmacy phone number/email:

Pharmacy fax number:

Pharmacy Logo

Date: / /

Dear Dr.

My name is , and I am a local pharmacist. Our pharmacy is looking to enhance our involvement in chronic obstructive pulmonary disease (COPD) care by launching an initiative in which we will be focused on identifying high-risk patients who may be at risk of COPD, and those living with COPD who may be at risk of exacerbations (eg, those who smoke, have had previous exacerbations, have worsening symptoms, have linked comorbidities). We aim to refer patients at risk of COPD or COPD exacerbations to their doctor for appropriate screening and timely intervention.

This letter is in regard to a recent discussion I had with our mutual patient after conducting a review of their current medication and their health history:

Based on the outlined assessment conducted at the pharmacy, which I have included in this letter (see pages 2 to 4), they may benefit from pulmonary function testing and/or a review of their COPD pharmacotherapy.

I shared a patient information leaflet with the patient that explains COPD and why I conducted an assessment, and will follow up with the patient in as required.

Thank you for your consideration of the recommendations we have included in this letter (see page 4). Please do not hesitate to reach out to me directly if you require any additional discussion. I look forward to hearing from you.

Sincerely, your patient care partner,

Primary Care Referral Letter (cont'd)

Action Taken at Pharmacy

- Our mutual patient may be at risk of COPD.
- Our mutual patient has been diagnosed with COPD and may be at risk of an exacerbation.

Assessment of current symptoms^{1,2}

The patient may be at risk of COPD or an exacerbation due to the identification of the following symptoms:

- Dyspnoea
- Chronic cough
- Sputum production
- Wheezing
- Chest tightness
- Fatigue
- Other

Completion of questionnaire

- Modified Medical Research Council (mMRC) dyspnoea scale
 - Score:
- COPD Assessment Test (CAT™)
 - Score:

Comments

.....

.....

.....

.....

.....

Primary Care Referral Letter (cont'd)

Assessment of current conditions and lifestyle risk factors¹⁻⁷

In addition to the symptoms identified above, the patient may be at an increased risk of COPD or an exacerbation due to the following risk factors:

- | | |
|--|---|
| <input type="checkbox"/> Smoking tobacco, vaping, and/or cannabis use | <input type="checkbox"/> History of smoking tobacco, vaping, and/or cannabis use |
| <input type="checkbox"/> High symptom burden/worsening symptoms | <input type="checkbox"/> Long-term exposure to second-hand smoke |
| <input type="checkbox"/> Presence of comorbid conditions (eg, hypertension, heart failure, depression) | <input type="checkbox"/> Exposure to dust, fumes, or chemicals at work or at home |
| <input type="checkbox"/> Respiratory infection (eg, cold, influenza, COVID-19, sinus infection) | <input type="checkbox"/> Exposure to air pollution outside the home |
| <input type="checkbox"/> Chronic infection (eg, tuberculosis, human immunodeficiency virus [HIV]) | <input type="checkbox"/> Exposure to indoor air pollution (eg, burning wood, animal dung, coal in open fires or in poorly functioning stoves) |
| <input type="checkbox"/> Previous exacerbations, including those that required an antibiotic, oral corticosteroid (eg, prednisone), visit to an emergency room, and/or hospitalisation | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Other | <input type="checkbox"/> Frequent childhood chest infections |
| | <input type="checkbox"/> Poor lung development during childhood |
| | <input type="checkbox"/> Alpha-1 antitrypsin deficiency (AATD) |

Comments

.....

.....

.....

Assessment of current medication regimen for our patient diagnosed with COPD

- Current documented COPD medications include the following:

.....

.....

.....

- Current documented non-COPD medications include the following:

.....

.....

.....

Primary Care Referral Letter (cont'd)

Review and counselling of inhaler technique

Issues identified include:

.....
.....
.....

Recommended Assessments

May benefit from further investigation and/or spirometry for diagnosis

Currently has a COPD diagnosis and may benefit from further assessment and/or review of pharmacotherapy

.....
.....
.....
.....
.....

Notes

.....
.....
.....
.....
.....

References

1. Global Initiative for Chronic Obstructive Lung Disease (GOLD). Global strategy for the diagnosis, management and prevention of chronic obstructive pulmonary disease (2024 report). Available at: <https://goldcopd.org/2024-gold-report>. Accessed August 2024.
2. Global Allergy and Airways Patient Platform (GAAPP). What is COPD? Available at: <https://gaapp.org/diseases/copd/>. Accessed August 2024.
3. Bozier J et al. *ERJ Open Res.* 2019; 5(1):00192-2018.
4. Hurst JR et al. *Eur J Int Med.* 2020;73:1-6.
5. Müllerová H et al. *BMJ Open.* 2014;4(12):e006171.
6. American Lung Association. Prevent COPD exacerbations or flare ups. Available at: <https://www.lung.org/lung-health-diseases/lung-disease-lookup/copd/living-with-copd/prevent-flare-ups>. Accessed August 2024.
7. American Lung Association. COPD causes and risk factors. Available at: <https://www.lung.org/lung-health-diseases/lung-disease-lookup/copd/what-causes-copd>. Accessed August 2024.



These materials were commissioned and funded by AstraZeneca. AstraZeneca have provided an educational grant to Fédération Internationale Pharmaceutique/International Pharmaceutical Federation (FIP) to raise awareness and dissemination of this toolkit in line with FIP's mission to advance pharmacy worldwide.

