Excellent care with compassion

Advice and Guidance

NHS Lancashire Teaching Hospitals NHS Foundation Trust

70 YEARS OF THE NHS 1948 - 2018

Referral Pathways for Incidental Findings on CT Scan for GP's Central Lancashire

Lung Nodule

- Refer using suspected cancer referral pathway and highlight from CT Lung Nodule finding.

ILD

- Please do a connective tissue disease screen (ANA/ENA ANCA Rheumatoid Factor) and inflammatory markers (FBC, ESCR, CRP)
- Refer to ILD Clinic

Emphysema

- Perform baseline spirometry
- If MRC 2 or greater please refer to Pulmonary Rehabilitation
- Check Alpha 1 anti-Trypsin level
- If smoked please add COPD to EMIS Codes and treat as COPD but do the above as well
- If a current tobacco or inhaled drug user please refer to Smoking Cessation or INSPIRE
- If never smoker and breathless please refer to LTHTR

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Bronchiectasis and known COPD with spirometry confirmation

- If > 2 exacerbations in the past year or 1 Hospital admission please refer to thoracic clinic
- Please refer to community COPD team for chest clearance
- Send Sputum Cultures x 3 AFB and MC&S, Add Carbocisteine up to 750mg three times a day
- If MRC 2 or greater please refer to Pulmonary Rehabilitation

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Bronchiectasis

- If this CT was carried out in the context of recent infection review in 6 weeks. If still producing sputum more than 3 times a week consider this to be a true and accurate result of bronchiectasis. If this was in the context of recent infection and they have no sputum please monitor. If they then develop or have recurrent mucous productive infections at this point please treat as bronchiectasis.
- If producing sputum +/- recurrent respiratory tract infections 1 or more per year (if 1 on successive years) please refer to thoracic clinic.
- Consider starting Carbocisteine 750mg three times a day.
- Send sputum Cultures x3 for MC&S and AFB
- Please do Immunoglobulins and protein electrophoresis. If low please refer to immunology.
- Please do total IgE, Apergillous IgE and Aspergillous IgG, Rheumatoid factor ENA and ANCA.
- Offer pneumococcal and influenza vaccination.

Bronchial dilation in known asthma and COPD

- Refer as per local guidelines if uncontrolled, otherwise no need to be worried

Bronchial dilation with no known respiratory disease

- If not breathless, no recurrent infections and no respiratory disease not concerning and nothing further needs to be done
- If any of the above investigate for COPD and Asthma
- If recurrent infection responding to antibiotics please refer
- Consider starting Carbocisteine
- Send sputum Cultures x3 for MC&S and AFB
- Please do Immunoglobulins and protein electrophoresis if low please refer to immunology
- Please do total IgE, Apergillous IgE and Aspergillous IgG, Rheumatoid factor ENA and ANCA.

Pleural Plaques

- If on their own reassure. However safety net as they are an indication of previous asbestos exposure.
- If they develop breathlessness or persistent chest pain they are to seek further review and advice.
- They do not need monitoring

Pleural Thickening

- Please obtain any history of asbestos exposure amount length and duration, significant infection such as empyema or TB, and any history of thoracic or cardiac surgery. Then please send advice and guidance.
- Please include information about the pattern of respiratory symptoms (particularly breathlessness or chest pain)

Apical Scarring

- Can be idiopathic with increasing age or secondary to previous apical infection or radiation
- Please obtain any history of asbestos exposure,, significant infection such as empyema or TB, and any history of thoracic or cardiac surgery or radiation.
- If asymptomatic no further intervention required
- If symptomatic then please send advice and guidance.

Atelectasis

- Mild atelectasis will usually resolve without treatment and is usually only relevant in the context of recurrent infections
- If symptomatic assess for infection/mucus burden and treat appropriately
- If ongoing symptoms then please send advice and guidance.

Consolidation or other infective changes

- Treat infection with antibiotics, if producing sputum please send sputum cultures
- Repeat CXR at 6 weeks post finishing the course of antibiotics to check for resolution.
- If persistent changes please send advice and guidance.