

**Please Email the completed form to:**

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| ILD Conference Form |
|  |
| Demographics & Referral |  |  |  | **Date:**       |
| **Last Name:**  |       | **First Name:**       | **NHI:**  |       | **Gender:** Choose an item. |
| **DOB:**       | **Age:**       | **Ethnicity:** Choose an item. | **Domicile DHB:** Choose an item. |
| **Address:**       |
| **GP:**       |
| **CC (Others):**  |       |
| **Suspected diagnosis:** Choose an item.      |
| Referred by:       | Referral Date:       |
| Question for conference:       |

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| Discussion *to be completed after conference* |
|       |
| Diagnostic confidence: Choose an item. Behaviour: Choose an item.Goal: Choose an item. |
| **Radiologic Consensus Diagnosis** |
| Choose an item. |
| **Pathological Consensus Diagnosis** |
| Choose an item. |
| **Agreed Clinical Diagnosis**  |
| Choose an item.       |
| **Differential Diagnosis 1** |
| Choose an item.      |
| **Differential Diagnosis 2** |
| Choose an item.       |
| **Plan:** |
|       |
| **Form Completed By:**       |
| **Attendees:**       |

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| History / Current status |
| Clinical Features/Symptoms:       |
| [ ]  Arthralgia/ Arthritis  | [ ]  Raynaud’s  | [ ]  Sicca symptoms  | [ ]  Cough  | [ ]  Dyspnoea  | [ ]  Haemoptysis  | [ ]  Fever  | [ ]  Chest Pain  |
| [ ]  Lethargy | [ ]  Decreased Exercise Tolerance | [ ]  Weight loss  | [ ]  Sputum  | [ ]  Night Sweats  | [ ]  Digital Ulcer/ Fissuring/ Oedema  | [ ]  Orthopnea  | [ ]  Morning Stiffness |
| [ ]  GORD/ Dysphagia | [ ]  Uveitis | [ ]  None |  |  |  |  |  |
| Other       |
| Age went gray?       | Smoking status Pack yrs       Yrs since quit       | BMI       | mMRC Choose an item. |
| Previous Medical History:      |
| Occupational History:      |
| **Exposure**:  |
| [ ]  Birds  | [ ]  Asbestos | [ ]  Farming/Hay | [ ]  Mining | [ ]  Silica Dust | [ ]  Spa pool | [ ]  Duck/Goose down pillows  | [ ]  None |
| Other       |
| **Current Medication:**      |
| **Previous Pulmonary toxic medications:**  |
|  | Nitrofurantoin  | Methotrexate | Amiadorone | Cytotoxic (Please list) |  | **Other** |
| **Started:** |       |       |       |       |       |       |
| **Stopped:** |       |       |       |       |       |       |
| Clinical Examination/Signs: |
| [ ]  Sclerodactyly | [ ]  Calcinosis | [ ] Telangiectasia | [ ]  Clubbing | [ ]  Crackles | [ ]  Squawks | [ ]  Mechanics hands | [ ]  Rash |
| [ ]  Proximal Weakness | [ ]  Gottrons Papules | [ ]  None |  |  |  |  |  |
| Other       |
| Oxygen Sats %       |
| Arterial Blood Gas Date       |
| FiO2       | pH       | PCO2(mmHg)       | PO2(mmHg)       | HCO3-       | SAO2       |
| Bloods |
| ***ENA*** | Choose an item. | Anti RNP |       | anti SM |       | Ro-52 |       | SSA/Ro |       |
| SSB/LA |       | Ro-60 |       | Sm |       | RNP |       |
| Scl70 |       | Jo-1 |       |  |  | Other |       |
| ***ANA*** | Choose an item. | titre |       | Pattern |       |  |  | Other |       |
| ***ANCA*** | Choose an item. | ***cANCA*** | Choose an item. | ***pANCA*** | Choose an item. | MPO |       | PR3 |       |
| ***Rh factor*** | Choose an item. | titre |       |  |  |  |  | Other |       |
| ***Anti CCP*** | Choose an item. | titre |       |  |  |  |  | Other |       |
| ***ESR*** | Choose an item. | titre |       |  |  |  |  | Other |       |
| ***CRP*** | Choose an item. | titre |       |  |  |  |  | Other |       |
| ***Avian Precip*** | Choose an item. | titre |       | Budgie |       | Pigeon |       | Other |       |
| ***dsDNA*** | Choose an item. | titre |       |  |  |  |  | Other |       |
| ***CK*** | Choose an item. | titre |       |  |  |  |  | Other |       |
| ***Myositis Panel***  | Choose an item. | Ro-52 Ab |       | OJ Ab |       | EJ Ab |       | PL-12 Ab |       |
| PL-7Ab |       | SRP Ab |       | Jo-1 Ab |       | PM-Scl75 |       |
| PM Scl100 |       | Ku Ab |       | Mi-2 Ab |       | SAE1 |       |
| MDA5 |       | TIFI gamma |       | NXP2 |       | Other |       |
| ***Scleroderma screen*** | Choose an item. | HMGCR Abs |       | Ro-52 Ab |       | PDGFR Ab |       | Ku Ab |       |
| PM-Scl-75 |       | PM Scl-100 |       | Th/To Ab |       | NOR90 Ab |       |
| Fibillarin A |       | RNA Pol III 155kDa |       | RNA Pol III 11kDa |       | Cent protein B Ab |       |
| Cent protein A Ab |       | Scl-70 |       |  |  | Other |       |
| ***TB Screen*** | Choose an item. | Quantiferon Gold |       | Sputum AFBs |       | BAL |       | HIV |       |
| ***Immunoglobulins*** | Choose an item. | IgG titre |       |  |  |  |  |  |  |
| ***Other Relevant Blood Test*** |       |

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| **Lung Function Tests** | **Plesmography (body box)** |
| Date | FEV1 / % | FVC / % | Date (If different) | DLCO / % | KCO % | TLC / % | RV /% |
|       |       /       |       /       |       |       /       |        |       /       |       /       |
| Date | FEV1 / % | FVC / % | Date (If different) | DLCO / % | KCO % | TLC / % | RV /% |
|       |       /       |       /       |       |       /       |        |       /       |       /       |
| Date | FEV1 / % | FVC / % | Date (If different) | DLCO / % | KCO % | TLC / % | RV /% |
|       |       /       |       /       |       |       /       |        |       /       |       /       |
| Date | FEV1 / % | FVC / % | Date (If different) | DLCO / % | KCO % | TLC / % | RV /% |
|       |       /       |       /       |       |       /       |        |       /       |       /       |
| Date | FEV1 / % | FVC / % | Date (If different) | DLCO / % | KCO % | TLC / % | RV /% |
|       |       /       |       /       |       |       /       |        |       /       |       /       |
| Date | FEV1 / % | FVC / % | Date (If different) | DLCO / % | KCO % | TLC / % | RV /% |
|       |       /       |       /       |       |       /       |        |       /       |       /       |
| Date | FEV1 / % | FVC / % | Date (If different) | DLCO / % | KCO % | TLC / % | RV /% |
|       |       /       |       /       |       |       /       |        |       /       |       /       |

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| **Six Minute Walk Test** |
| Date |       |
| Start (Pre Test) | Sp02% |       | HR |       | Dyspnoea |       |  |  |
| During Test | Min Sp02 |       | 02 (L/min) |       | Dyspnoea |       | Distance |       |
| Recovery Phase | Sp02% |       | HR |       | Dyspnoea |       |  |  |
| Comments |       |
| Previous Test  |       | Resting SpO2 |       | Min SpO2 |       | Distance |       |
| Previous Test  |       | Resting SpO2 |       | Min SpO2 |       | Distance |       |

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| **ECHO** |
| Date |       |
| TR Jet Visible |       | Pulm. Accel. Time (RVOT acceleration time) |       | RA Diameter |       | RV Diameter |       |
| RA-RV Gradient(TR max PG) |       | Comments       |
| Formal Report Summary |       |

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| Key Investigations |
| **Date & Location** | **Investigation** | **Summary of Formal Report (copy & paste Impression)** |
|       | CXR |       |
|       | HRCT |       |
|       | ECG |       |
|       | EBUS |       |
|       | Transbronchial Lung Biopsy |       |
|       | Surgical Biopsy |       |
|       | Sleep Study |       |
| Bronchoscopy |
| Date       | BAL | Macrophages %       | Lymph %       | Neutroph %       | Eosinoph %       |
| CD4:CD8       | Culture       |  |  |
| Comment |       |