RESPIRATORY
PULMONARY

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IV. ADDENDUM
1) Unless BCG vaccination is recent, it should be disregarded in deciding if INH is indicated.

2) CXR looks like old TB- PPD testing is used to confirm that the granulomas are most likely TB- go ahead with PPD testing.

3) He falls in a category where INH therapy is beneficial as defined by 'abn. cxr likely to represent old TB' and 'PPD >= 5 mm'. Note the use of the lower cut-off in those with a high risk of TB infection.

4) After INH there is no value in continued PPD screening. We still do CXRs pre and post service but the medical value is questionable.

The greatest risk is that of reactivation of infection; however a new infection can develop if exposed to a large dose of infectious TB micro-droplets. This last point is interesting, as even well developed immunity does not fully prevent re-infection in settings such as long term care institutions where close contact to infected persons occurs.

THIS SUBJECT IS ONE OF THE BEST PLACES WHERE PROTOCOLS AND ALGORITHMS CAN ASSIST IN THE IDENTIFICATION AND MANAGEMENT OF CLINICAL PROBLEMS. I WILL RECOMMEND THAT WE USE OUR CONSULTANTS TO GET THESE TYPES OF GUIDES PRODUCED.
ASTHMA (493.9): Childhood (493), Exercise Induced, Others

CRITERIA

1. Childhood Asthma, no recurrence after age 15.
2. One episode Asthmatic bronchitis or secondary to URI exclusively.
3. Questionable History: COPD or wheezing resolved with albuterol.
4. OTC Bronchodilator (Primatene) IPEF monitoring X 2 wks, and methacholine test an negative for airway disease.
5. Exercise Induced asthma

ACTION

CLEAR

RESTRICTIONS/DEFER

1) Childhood Asthma, no recurrence after age 15.
2) One episode Asthmatic bronchitis or secondary to URI exclusively.
3) Questionable History: COPD or wheezing resolved with albuterol.
4) OTC Bronchodilator (Primatene) IPEF monitoring X 2 wks, and methacholine test an negative for airway disease.

RATIONALE

Methacholine challenge can be used in the differential diagnosis of asthma severity or for excluding it.

CRITERIA

1. Mild or well controlled asthma criteria:
   a) < 3 episodes/wk requiring MDI bronchodilator
   b) < 3 episodes/mo of nocturnal asthma
   c) Baseline spirometry WNL except for evidence of obstructive airway Dx.
   d) All of above w/ complete response to MDI bronchodilators
   e) Does not smoke

ACTION

CLEAR WITH RESTRICTIONS

RESTRICTIONS/DEFER

1) Mild or well controlled asthma criteria:
   a) < 3 episodes/wk requiring MDI bronchodilator
   b) < 3 episodes/mo of nocturnal asthma
   c) Baseline spirometry WNL except for evidence of obstructive airway Dx.
   d) All of above w/ complete response to MDI bronchodilators
   e) Does not smoke

RATIONALE

Methacholine challenge can be used in the differential diagnosis of asthma severity or for excluding it.

CRITERIA

1. Meets criteria for mild asthma
   a) < 3 episodes/wk requiring MDI bronchodilator
   b) < 3 episodes/mo of nocturnal asthma
   c) Baseline spirometry WNL except for evidence of obstructive airway Dx.
   d) All of above w/ complete response to MDI bronchodilators
   e) Does not smoke

ACTION

DEFER until:

RESTRICTIONS/DEFER

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   e) Does not smoke

ACTION

NOTE: EIA (controlled) being cleared by 8/22/94
CRITERIA

1) RESTRICTIONS/DEFER

ACTION

CLEAR

CLEAR WITH RESTRICTIONS

UNTIL

DEFER

MNQ

RATIONALE

MEDICAL INFORMATION

NEEDED:

Generic Information

PULMO-2
### NIH Classification of Asthma Severity

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>MILD*</th>
<th>MODERATE*</th>
<th>SEVERE*</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) Pretreatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency of exacerbations</td>
<td>no more than 1-2 times/week</td>
<td>more than 2 times/wk</td>
<td>virtually daily wheezing, often with sudden, severe exacerbations</td>
</tr>
<tr>
<td>Frequency of symptoms</td>
<td>few or no signs/symptoms between exacerbations</td>
<td>cough and mild wheezing, often</td>
<td>often hospitalized with or without complications</td>
</tr>
<tr>
<td>Exercise tolerance</td>
<td>good, may have problems with vigorous exercise</td>
<td>reduced</td>
<td>very poor, marked limitation of activity</td>
</tr>
<tr>
<td>Nocturnal asthma</td>
<td>rare (up to 2 times/mo)</td>
<td>frequent (2-3 times/wk)</td>
<td>almost nightly, sleep interrupted, chest tight in the morning</td>
</tr>
<tr>
<td>School/work attendance</td>
<td>good</td>
<td>may be affected</td>
<td>poor</td>
</tr>
<tr>
<td>Optional for med clearance</td>
<td>PEFR &gt;80% predicted variability &lt;20%</td>
<td>PEFR 60-80% predicted variability 20-30%</td>
<td>PEFR &lt;60% predicted variability &gt;30%</td>
</tr>
<tr>
<td>PEFR (peak expiratory flow rate)</td>
<td>minimal or no evidence of airway obstruction; usually &gt;15% response to bronchodilator even if normal predicted</td>
<td>evidence of airway obstruction, often with increased lung volumes; &gt;15% response to bronchodilator</td>
<td>significant/severe airway obstruction which may not normalize even with bronchodilators or steroids</td>
</tr>
<tr>
<td>Spirometry (PFTs)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methacholine sensitivity</td>
<td>PC_{20} &gt; 20 mg/ml (higher dose)</td>
<td>PC_{20} 2-20 mg/ml</td>
<td>PC_{20} &lt;2 mg/ml (low dose)</td>
</tr>
<tr>
<td>B) After optimal treatment</td>
<td>Response to bronchodilators within 12-24 hrs Rare exacerbations require steroids or regular medication for short periods of time</td>
<td>Exacerbations usually require regular bronchodilators and often steroids for 1 week or more Regular steroid or cromolyn therapy may be required for long periods of time</td>
<td>Requires continuous, round the clock therapy including steroids (often high dose MDI or systemic).</td>
</tr>
</tbody>
</table>

* variability in PEFR between morning and evening or between morning PEFRs over one week

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No fire ant
in Africa.

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North and South America.
CHRONIC BRONCHITIS (491), BRONCHIECTASIS (494), PNEUMONIA (RECURRENT) (486)

RATIONAL INFORMATION NEEDED:
Pulmonary 

CXR; and Pulmonary Function Tests.

MEDICAL INFORMATION NEEDED:

CRITERIA
1) Resolved, no symptoms
2) Productive cough esp. in AM, negative chest x-ray, not smoking, no medications and FEV > 75%.

ACTION
CLEAR

CLEAR WITH RESTRICTIONS

MRB/MED ADVISOR

DEFER

UNTIL:
1) Off meds for 6 mos; FEV > 75%.
2) Applicant states has stopped smoking 1 yr., FEV > 75%.

RESTRICTIONS/DEFER

Chi sustained, frequent Infections.

2) Chronic Obstructive Bronchitis.

3) Assoc. with Emphysema, COPI Bronchiectasis

SMKNQ

RATIONAL

Smoking exacerbates condition.

Treatment not available in PCMU's.
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (496); EMPHYSEMA (492.8)

RATIONALE
Treatment not available in PCMUs. Progressive disorder.

MEDICAL INFORMATION NEEDED:

- Generic Information

Pulmonary Disease

8/23/93
**Sarcoidosis - Pulmonary** (517.8), **Sarcoidosis - Non-Pulmonary** (135)

**Criteria**

1. Asymptomatic; since spontaneous resolution.
2. Resolved; single episode > 1 yr.; no active disease on chest x-ray.

**Action**

- CLEAR
- CLEAR WITH RESTRICTIONS
- N/A
- DEFER

**Restrictions/Defer**

- 1) On steroid therapy
- 2) Symptomatic
- 3) Chest x-ray positive, shows active disease.

**Rationale**

- Sarcoidosis can clear spontaneously within months or years, without consequences.
- 10% develop serious disabilities (ocular, respiratory, liver, CNS).

**Medical Information Needed**

- Generic information;
- Pulmonologist, if symptomatic in post 5 years.

- 1) Extra-pulmonary non-cutaneous Sarcoidosis.
- 2) PFT abnormal; VC < 70% of predicted.

- 1) Off treatment and resolved 1 year.
- 2&3) Resolved, 1 year.

8/23/93
PNEUMOTHORAX: SPONTANEOUS (512), TRAUMATIC (860)

CRITERIA

1) Traumatic pneumothorax, treated with pleurodesis or pleurectomy > 6 mos. post.
2) Traumatic resolved without surgery for 6 weeks, no F/U needed.
3) Spontaneous, treated with pleurodesis or pleurectomy > 6 mos. post.
4) Single or recurrent (2 or more) spontaneous, not surgically treated.
5) Assoc. with CVD, emphysema, asthma, sarcoidosis, or other resp. disease.

ACTION

5) CLEAR
4) CLEAR WITH RESTRICTIONS
3) DEFER
2) MNQ
1) N/A

RESTRICTIONS/DEFER

PCV at no added medical risk for recurrence if treated surgically.

RATIONALE

Surgery is sometimes done with pneumothorax. The bullae are excised or oversewn and the pleura roughened mechanically (plication of emphysematous bleb). When bullous disease is extensive, parietal pleurectomy is done.

At risk for recurrence: most spontaneous pneumothorax occur in males 20 - 40 yrs. due to rupture of an emphysematous bulla.

MEDICAL INFORMATION NEEDED:

Generic Information