

## Appendix G: Sample COPD Assessment Form

### CHRONIC OBSTRUCTIVE PULMONARY DISEASE CLINIC

#### RETURN VISIT

NAME \_\_\_\_\_ Cr# \_\_\_\_\_ Date \_\_\_\_\_

#### ALLERGIES

Medication:	Environmental:

#### CLINICAL EXAMINATION

BP \_\_\_\_\_ Resting HR \_\_\_\_\_ Weight \_\_\_\_\_ Recent Weight Loss \_\_\_\_\_ O<sub>2</sub> Sat \_\_\_\_\_

Home O<sub>2</sub>: \_\_\_\_\_ L/min at rest; \_\_\_\_\_ L/min with activity; Hrs/Day \_\_\_\_\_

General Appearance: \_\_\_\_\_

Breath Sounds: \_\_\_\_\_

Accessory muscles: \_\_\_\_\_ Air gulping: \_\_\_\_\_ Apical breathing: \_\_\_\_\_ Diaphragmatic: \_\_\_\_\_

Intercostal indrawing: \_\_\_\_\_ Lateral costal: \_\_\_\_\_ Paradoxical: \_\_\_\_\_ Pursued lip: \_\_\_\_\_

Chest wall appearance/Chest wall mobility: \_\_\_\_\_

Heart Sounds: \_\_\_\_\_

JVP: \_\_\_\_\_

Central cyanosis: \_\_\_\_\_

Peripheral cyanosis: \_\_\_\_\_

Peripheral edema: \_\_\_\_\_

Clubbing of fingernails: \_\_\_\_\_

#### PULMONARY FUNCTION TESTS

	Pre-bronchodilator	Post-bronchodilator
FEV <sub>1</sub> (%) predicted of normal value		
Severity of Disease: (Gold, 2001)		
% Predicted FEV <sub>1</sub>		
Stage I ( mild- ≥ 80%)		
Stage II ( moderate- 30-80%)		
Stage III (severe- <30%)		
FEV <sub>1</sub> /FVC (%) predicted of normal value		
Diffusion		

**SYMPTOMS**

Cough: \_\_\_\_\_ Sputum: \_\_\_\_\_ Wheezing: \_\_\_\_\_

Dyspnea: \_\_\_\_\_ MRC Score: \_\_\_\_\_

Grade I (Shortness of breath [SOB] with strenuous exercise)

Grade II (SOB hurrying on level or up slight hill)

Grade III (SOB on level, stop for breath when walking at own pace on level)

Grade IV (Stop for breath after walking 100 yards or after a few minutes on level)

Grade V (Too breathless to leave the house)

Other: \_\_\_\_\_

# Exacerbations/respiratory infections since last appointment: _____ Dates: _____ _____	# ER visits since last appointment: COPD: Other:
# Admissions since last appointment: COPD: _____ Other: _____ LOS: _____	# Family Dr. visits since last appointment: Scheduled: Unscheduled:
ICU admissions since last appointment:	Intubations since last appointment:

Diet: Appetite: Fluid Intake:  Information given:	Exercise: Present _____ Pulmonary Rehabilitation _____  Information given:
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**MEDICATIONS**

Prescription:	
	Herbals:
	Over the Counter (OTC):
Influenza Vaccination- Date:	Pneumococcal Vaccination- Date:

## INTERVENTIONS

Device Demonstration:
Return Demonstration:
Smoking Cessation Counselling: Information given:
Education: Disease/disease process Medications/devices Signs and symptoms of infection Development of Action Plan Breathing techniques Coughing techniques Oxygen therapy End-of-life decision-making Other:
Sample medications sent with patient:
Drug Plan: Insurer:
Drug Store: Telephone:

## PLAN OF CARE

<b>Referrals:</b> Respirologist O <sub>2</sub> Assessment Education Centre Pulmonary Rehabilitation Access Centre Dietitian Social Worker Psychologist
Other:
Signature:

**COPD Clinic & Education Centre  
Initial Visit**

Family Physician \_\_\_\_\_ Marital Status \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_  
 Respiriologist \_\_\_\_\_ Support System \_\_\_\_\_  
 Living Accommodations: \_\_\_\_\_  
 Community Resources: \_\_\_\_\_

**ALLERGIES**

Medication:	Environmental:

**CLINICAL EXAMINATION**

BP \_\_\_\_\_ Resting HR \_\_\_\_\_ Weight \_\_\_\_\_ Recent Weight Loss \_\_\_\_\_ O<sub>2</sub> Sat \_\_\_\_\_  
 Home O<sub>2</sub>: \_\_\_\_\_ L/min at rest; \_\_\_\_\_ L/min with activity; Hrs/Day \_\_\_\_\_  
 General Appearance: \_\_\_\_\_  
 Breath Sounds: \_\_\_\_\_  
 Accessory muscles: \_\_\_\_\_ Air gulping: \_\_\_\_\_ Apical breathing: \_\_\_\_\_ Diaphragmatic: \_\_\_\_\_  
 Intercostal indrawing: \_\_\_\_\_ Lateral costal: \_\_\_\_\_ Paradoxical: \_\_\_\_\_ Pursed lip: \_\_\_\_\_  
 Chest wall appearance/Chest wall mobility: \_\_\_\_\_  
 Heart Sounds: \_\_\_\_\_  
 JVP: \_\_\_\_\_  
 Central cyanosis: \_\_\_\_\_  
 Peripheral cyanosis: \_\_\_\_\_  
 Peripheral edema: \_\_\_\_\_  
 Clubbing of fingernails: \_\_\_\_\_

**PULMONARY FUNCTION TESTS**

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FEV <sub>1</sub> /FVC (%) predicted of normal value		
Diffusion		

## HISTORY

Cough: Frequency: Duration: Productive:	Wheezing: Frequency: Diurnal Pattern: Precipitating Factors:
Sputum: Colour: Amount:	Dyspnea: Frequency: Diurnal Pattern: Precipitating Factors: # Pillows _____ MRC Score: Grade I (SOB with strenuous exercise) Grade II (SOB hurrying on level or up slight hill) Grade III (SOB on level, stop for breath when walking at own pace on level) Grade IV (Stop for breath after walking 100 yards or after a few minutes on level) Grade V (Too breathless to leave the house)
Panic Attacks: Frequency:	Ability to perform ADLs:
Acute Respiratory Infections: Frequency: Timing: Symptoms: Antibiotics: Systemic Corticosteroids:	Other:
Environmental Exposure: Work:  Second-Hand Smoke: Other:	Smoking History: Current: Amount: Cessation: When: # of Attempts: ____ Duration: ____ # Package Years:

*Nursing Best Practice Guideline*

# Exacerbations/respiratory infections in past 12 months: _____ Dates: _____ _____ _____	# ER visits in past 12 months: COPD:            Other:
# Admissions in past 12 months: COPD:            Other: LOS:	# Family Dr. visits in past 12 months: Scheduled: Unscheduled:
# ICU Admissions:	# Intubations:
Diet: Appetite: Fluid Intake:  Information given:	Exercise: Present _____ Previous Pulmonary Rehabilitation _____ Date _____ Information given:

**MEDICATIONS**

Prescription:	
	Herbals:
	OTC:
Influenza Vaccination- Date:	Pneumococcal Vaccination- Date:

## PAST MEDICAL HISTORY

Family History:	Mother:	Smoker:
	Father:	Smoker:
	Siblings:	Smoker:
Childhood:	Exposure to ETS (environmental tobacco smoke) as child:	
Adult: Medical:	Asthma: Hypertension: Cardiac: Post Nasal Drip: Other:	Pneumonia: Diabetes: Gastrointestinal: Sinusitis:
Surgical:		
Psychiatric:		
Other:		

## INTERVENTIONS

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Smoking Cessation Counseling: Information given:
Education: Disease/disease process Medications/devices Signs and symptoms of infection Development of Action Plan Breathing techniques Coughing techniques Oxygen therapy End-of-life decision-making Other:
Sample medications sent with patient:
Drug Plan: Insurer:
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PLAN OF CARE

<b>Referrals:</b> Respirologist O <sub>2</sub> Assessment Education Centre Pulmonary Rehabilitation Access Centre Dietitian Social Worker Psychologist
Other:
Signature:

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