

Patient label

Cough Assessment

Date of assessment:

Diagnosis:

Date of injury/onset:

HPC/ Reason for referral: e.g. tracheostomy, recurrent chest infections, difficulty expectorating secretions, bulbar/swallowing weakness, etc.

Current medications: Antibiotics, mucolytics, nebulisers, etc.

Current management and chest clearance routine: e.g. ventilation / NIV, suctioning, O₂ therapy, manual assisted cough, cough assist machine, positioning, use of binder etc.

Does this clear secretions effectively? Yes No

Chest infections leading to hospital admission in last year	Chest infections treated @ home in last year
No. of admissions =	No. of infections treated @ home =
Length/stay days/weeks	Length days/weeks
Length/stay days/weeks	Length days/weeks
Length/stay days/weeks	Length days/weeks

Treatment			Comments
Oxygen Y/ N	Nasal cannulae / mask / ventilator	LPM / % =	
Antibiotics Y/ N	Drug given:	Oral/ IV	Dose/course
Other medication (mucolytics, nebs, etc.)	Drug given:	Oral / IV / neb	Dose/course
Physiotherapy	Details:	Frequency	
Ventilation	ETT / Trachy / NIV	Number of days on vent:	

SH:

PMH:

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Equipment

Forced Vital Capacity (FVC): Measure using electronic spirometer with appropriate instruction

Cough Strength: Measure Peak Cough Flow (PCF or PEF) in a separate manoeuvre to FVC (use a padded face mask) – instructing the patient to cough.

Assessment: Objective Measures (it is not usually advisable to do all measurements in one session)

Forced Vital Capacity (FVC)	Attempt 1 / Date	Attempt 2 / Date	Attempt 3 / Date
Lying			
Sitting			
Sitting (<i>with binder if tetraplegic</i>)			

Peak Cough Flow (PCF) L/min	PCF 1 / date	PCF 2 / date	PCF 3 / date
Lying			
Lying – unassisted			
Lying – manual assisted cough (MAC)			
Lying – breath stacking with MAC			
Sitting (<i>with binder if tetraplegic</i>)			
Sitting – unassisted			
Sitting – manual assisted cough (MAC)			
Sitting – breath stacking with MAC			

