COPD discharge checklist



COPD discharge checklist

| NF | IS |
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| Salisb HS Foundation | |

| 1. Demonstrate use of inhalers Assess during medication rounds. Observe the patient using their inhalers and refer to Respiratory Nurses if technique is inadequate. | | Signature/date | 1. Demonstrate use of inhalers Assess during medication rounds. Observe the patient using their inhalers and refer to Respiratory Nurses if technique is inadequate. | | Signature/date |
|--|-----------------------------------|--|--|-----------------------------------|----------------|
| Inhaler technique checked: | yes ☐ no ☐ | | Inhaler technique checked: | yes ☐ no ☐ | |
| 2. Review patient's medications Ensure medications have been optimised by respiratory specialist team Signature/da | | Signature/date | 2. Review patient's medications Ensure medications have been optimised by respiratory specialist team | | Signature/date |
| Medications reviewed by respiratory team: | yes ☐ no ☐ | | Medications reviewed by respiratory team: | yes 🔲 no 🗖 | |
| 3. Provide written self-management plan Ensure patient has a completed self management plan describing how and when to use mediations provided. Provide oxygen alert card if patient is at risk of CO2 retention. (Respiratory Nurses ext. 4792) | | Signature/date | 3. Provide written self-management plan Ensure patient has a completed self management plan describing how and when to use mediations provided. Provide oxygen alert card if patient is at risk of CO2 retention. (Respiratory Nurses ext. 4792) | | |
| Self management plan given: | yes □ no □ N/A □ | | Self management plan given: | yes □ no □ N/A □ | |
| Oxygen alert card (ICID) if hypercapnea: | yes ☐ no ☐ N/A ☐ | | Oxygen alert card (ICID) if hypercapnea: | yes ☐ no ☐ N/A ☐ | |
| 4. Ask GP to provide emergency drug pack (via discharge Signature/date summary) e.g. prednisolone, antibiotics Emergency drug pack requested: yes □ no □ | | Signature/date | 4. Ask GP to provide emergency drug pack (via discharge ^{Sigr} summary) e.g. prednisolone, antibiotics Emergency drug pack requested: yes □ no □ | | |
| 5. Assess and offer referral for smoking cessation Ask every patient whether they are a current smoker and offer referral to smoking cessation electronically or via Smoking Cessation Nurse ext 4270 or 07825 385858 | | 5. Assess and offer referral for smoking cessation Ask every patient whether they are a current smoker and offer referral to smoking cessation electronically or via Smoking Cessation Nurse ext 4270 or 07825 385858 | | | |
| Patient smokes: yes ex-smoker never | | | Patient smokes: yes □ ex-smoker □ neve | | |
| Referral made: yes no declined N/A Signature/date 6. Assess for suitability for Pulmonary Rehabilitation post discharge - contact Respiratory Nurses/Respiratory Physiotherapist on ext 4792 Pulmonary rehabilitation has been shown to reduce re-admission, increase quality of life and exercise tolerance. | | Referral made: yes no declined N/A Signature 6. Assess for suitability for Pulmonary Rehabilitation post discharge - contact Respiratory Nurses/Respiratory Physiotherapist on ext 4792 Pulmonary rehabilitation has been shown to reduce re-admission, increase quality of life and exercise tolerance. | | | |
| Suitable for Pulmonary Rehabilitation? | yes □ no □ | | Suitable for Pulmonary Rehabilitation? | yes □ no □ | |
| Refer for Pulmonary Rehabilitation (please leave discharged out-of-hours) | patient details on answerphone if | Signature/date | Refer for Pulmonary Rehabilitation (please leave discharged out-of-hours) | patient details on answerphone if | Signature/date |
| 7. Request follow-up within 72 hours (Arrange via phone/fax/discharge summary) | s of discharge by: | | 7. Request follow-up within 72 hour (Arrange via phone/fax/discharge summary) | s of discharge by: | |
| Practice Nurse ☐ Community Matron ☐ GP ☐ Respiratory Nurses ☐ | | | Practice Nurse ☐ Community Matron ☐ GF | Respiratory Nurses | |
| Other D | | | Other D | · · | |