

COPD Patient Evaluation

Date Time			Chief Complaint or Reason For Visit															
ROS WNL See HPI			HPI					Symptom Severity and Frequency										
Constitutional	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Asymptomatic with usual activity		FEV1	FEV1 FVC							
Eyes	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Symptomatic with usual activity		At risk	>80%	≥ 70%						
ENT/mouth	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Symptomatic with minimal activity		Mild	>79%	<70%						
Resp	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Symptomatic at rest		Moderate	50-79%	< 70%						
CV	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Recent antibiotic use		Severe	30-49%	< 70%						
GI	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Recent oral steroid use		Very Severe	<30%	< 70%						
GU	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Recent ED visits										
Musc	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Recent hospital admissions										
Skin/breasts	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Weight loss/Decreased appetite										
Neuro	<input type="checkbox"/>	<input type="checkbox"/>						Physical Exam Checked box indicates findings are within normal limits										
Endo	<input type="checkbox"/>	<input type="checkbox"/>	General	<input type="checkbox"/> Alert	Vital signs	Temp	Pulse	BP	RR	Pulse ox at rest <i>With exercise</i>								
Heme/lymph	<input type="checkbox"/>	<input type="checkbox"/>	ENT	<input type="checkbox"/> Nasal mucosa <input type="checkbox"/> Dentition <input type="checkbox"/> Oropharynx Mallampati I II III IV							Tobacco Use _____ # Packs X _____ # Yrs <input type="checkbox"/> Never smoked <input type="checkbox"/> Quit <input type="checkbox"/> Unwilling to quit <input type="checkbox"/> Willing to consider quitting <input type="checkbox"/> Quit, but resumed smoking <input type="checkbox"/> Willing to quit within 1 month							
Allergy/Immun	<input type="checkbox"/>	<input type="checkbox"/>	Neck	<input type="checkbox"/> Palpation <input type="checkbox"/> Thyroid <input type="checkbox"/> No JVD														
Psych	<input type="checkbox"/>	<input type="checkbox"/>	Resp	<input type="checkbox"/> Auscultation <input type="checkbox"/> Percussion <input type="checkbox"/> Respiratory effort <input type="checkbox"/> Palpation <input type="checkbox"/> Chest wall														
History No changes See HPI			CV	<input type="checkbox"/> Clear S1 S2 <input type="checkbox"/> No murmur <input type="checkbox"/> No gallop <input type="checkbox"/> No rub <input type="checkbox"/> Peripheral pulses <input type="checkbox"/> No peripheral edema														
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	GI	<input type="checkbox"/> No palpable masses <input type="checkbox"/> No hepatosplenomegaly <input type="checkbox"/> No hepatojugular reflux														
PMSH	<input type="checkbox"/>	<input type="checkbox"/>	Lymph	<input type="checkbox"/> Lymph nodes														
Social	<input type="checkbox"/>	<input type="checkbox"/>	Musc	<input type="checkbox"/> Tone <input type="checkbox"/> Gait														
Family	<input type="checkbox"/>	<input type="checkbox"/>	Extrem	<input type="checkbox"/> No clubbing <input type="checkbox"/> No cyanosis														
COPD Therapy Current New			Skin	<input type="checkbox"/> No rashes, ecchymoses, nodules, ulcers														
Short-acting beta agonist	<input type="checkbox"/>	<input type="checkbox"/>	Neuro	<input type="checkbox"/> Orientation (person, time, place, situation) <input type="checkbox"/> Affect														
Inhaled steroid	<input type="checkbox"/>	<input type="checkbox"/>	Impression and Plan								Tests to be ordered							
Long-acting beta agonist	<input type="checkbox"/>	<input type="checkbox"/>									<input type="checkbox"/> Bronchoscopy							
Long acting anti-cholinergic	<input type="checkbox"/>	<input type="checkbox"/>									<input type="checkbox"/> Pulmonary Function Testing		<input type="checkbox"/> Methacholine challenge		<input type="checkbox"/> 6 Minute Walk Test		<input type="checkbox"/> Sleep study	
Theophylline	<input type="checkbox"/>	<input type="checkbox"/>									<input type="checkbox"/> CXR		<input type="checkbox"/> Chest CT <input type="checkbox"/> without contrast		<input type="checkbox"/> Echocardiogram with		<input type="checkbox"/> Bubble study <input type="checkbox"/> PA pressures	
Oral steroids	<input type="checkbox"/>	<input type="checkbox"/>									<input type="checkbox"/> Cardiopulmonary Stress Test		<input type="checkbox"/> Pulmonary Rehabilitation		<input type="checkbox"/> Surgical eval for lung reduction		<input type="checkbox"/> Bone density evaluation	
Antibiotics	<input type="checkbox"/>	<input type="checkbox"/>									<input type="checkbox"/> Pneumococcal vaccine		<input type="checkbox"/> Influenza vaccine		<input type="checkbox"/> Labs		Education and Instruction <input type="checkbox"/> Smoking cessation <input type="checkbox"/> Peak flow meter use <input type="checkbox"/> Inhaler use <input type="checkbox"/> Importance of vaccinations <input type="checkbox"/> Risks of alcohol, narcotics and BZD <input type="checkbox"/> Medication side effects <input type="checkbox"/> Supplemental oxygen for air travel	
Nicotine replacement	<input type="checkbox"/>	<input type="checkbox"/>																
Bupropion	<input type="checkbox"/>	<input type="checkbox"/>																
Nicotine receptor blocker	<input type="checkbox"/>	<input type="checkbox"/>																
CPAP	<input type="checkbox"/>	<input type="checkbox"/>																
BiPap	<input type="checkbox"/>	<input type="checkbox"/>																
Oxygen Therapy			Follow up															
			Signature															
			CODE STATUS: <input type="checkbox"/> Full code <input type="checkbox"/> Do Not Attempt Resuscitation															