

COPD Evaluation

Patient Name

Patient DOB

Date	Chief complaint/Reason for consult	Referring MD																																																				
Start time Stop time																																																						
Medications	History of Present Illness <input type="checkbox"/> Patient is Nonverbal. History obtained from <input type="checkbox"/> Family <input type="checkbox"/> Medical records																																																					
<input type="checkbox"/> Medications reviewed <input type="checkbox"/> Medications reconciled with Nursing Home or Hospital discharge Information ★46 Changes as follows	<table style="width:100%; border: none;"> <tr> <td style="width:33%;">COPD Symptoms</td> <td style="width:10%;">FEV1/FVC</td> <td style="width:10%;">FEV1</td> <td style="width:10%;">SEVERITY</td> <td style="width:37%;">Chronic Bronchitis symptoms</td> </tr> <tr> <td><input type="checkbox"/> Asymptomatic with usual activity</td> <td><input type="checkbox"/> ≥70%</td> <td>>80%</td> <td>At risk</td> <td><input type="checkbox"/> Increased cough</td> </tr> <tr> <td><input type="checkbox"/> Symptomatic with usual activity</td> <td><input type="checkbox"/> <70%</td> <td>>79%</td> <td>Mild</td> <td><input type="checkbox"/> Increased dyspnea</td> </tr> <tr> <td><input type="checkbox"/> Symptomatic with minimal activity</td> <td><input type="checkbox"/> < 70%</td> <td>50-79%</td> <td>Moderate</td> <td><input type="checkbox"/> Increased sputum production</td> </tr> <tr> <td><input type="checkbox"/> Symptomatic at rest</td> <td><input type="checkbox"/> <70%</td> <td>30-49%</td> <td>Severe</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> <70%</td> <td><30%</td> <td>Very Severe</td> <td></td> </tr> </table> <input type="checkbox"/> Recent Antibiotic use <input type="checkbox"/> Recent ER visits <input type="checkbox"/> Recent Weight loss or decreased appetite <input type="checkbox"/> Recent Oral steroid use <input type="checkbox"/> Recent Hospital admissions <input type="checkbox"/> Planned air travel in near future <input type="checkbox"/> Spirometry evaluation performed within previous 12 months ★51		COPD Symptoms	FEV1/FVC	FEV1	SEVERITY	Chronic Bronchitis symptoms	<input type="checkbox"/> Asymptomatic with usual activity	<input type="checkbox"/> ≥70%	>80%	At risk	<input type="checkbox"/> Increased cough	<input type="checkbox"/> Symptomatic with usual activity	<input type="checkbox"/> <70%	>79%	Mild	<input type="checkbox"/> Increased dyspnea	<input type="checkbox"/> Symptomatic with minimal activity	<input type="checkbox"/> < 70%	50-79%	Moderate	<input type="checkbox"/> Increased sputum production	<input type="checkbox"/> Symptomatic at rest	<input type="checkbox"/> <70%	30-49%	Severe			<input type="checkbox"/> <70%	<30%	Very Severe																							
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Social History	Review of Systems																																																					
<input type="checkbox"/> Never Smoker <input type="checkbox"/> Tobacco ___ # Packs X ___ # Yrs <input type="checkbox"/> Quit <input type="checkbox"/> Patient is unwilling to quit <input type="checkbox"/> Patient willing to consider quitting <input type="checkbox"/> Patient quit, but resumed smoking <input type="checkbox"/> Patient willing to quit within 1 month Patient has tried <input type="checkbox"/> Nicotine replacement <input type="checkbox"/> Bupropion or nortriptyline <input type="checkbox"/> Nicotine receptor blockade <i>Daily, occasional and ex-smokers are more likely to be hazardous drinkers</i> <input type="checkbox"/> Alcohol use Drinks per <input type="checkbox"/> day <input type="checkbox"/> week Hazardous drinking <i>NIAAA (National Institute on Alcoholism and Alcohol Abuse guidelines)</i> Men > 14 drinks per week OR > 4 drinks per day Women > 7 drinks per week OR >3 drinks per day <input type="checkbox"/> Recreational drug use <input type="checkbox"/> Inhalational <input type="checkbox"/> Injectable <input type="checkbox"/> Ingestible <input type="checkbox"/> Drug dependence <input type="checkbox"/> Narcotics <input type="checkbox"/> Benzodiazepines	See HPI WNL <input type="checkbox"/> <input type="checkbox"/> Constitutional Fatigue, malaise, fever/chills, weight loss, change in appetite <input type="checkbox"/> <input type="checkbox"/> Eyes Vision changes, New pain, Scotomas <input type="checkbox"/> <input type="checkbox"/> ENT/mouth Nose bleeds, dental caries, dental abscesses, jaw pain <input type="checkbox"/> <input type="checkbox"/> Resp Dyspnea, Cough, Phlegm, Hemoptysis, Wheeze, Witnessed Apnea <input type="checkbox"/> <input type="checkbox"/> CV Chest pain, diaphoresis, ankle edema, PND, syncope <input type="checkbox"/> <input type="checkbox"/> GI Emesis, dysphagia, GERD, abdominal pain, diarrhea, melena <input type="checkbox"/> <input type="checkbox"/> GU Change in urinary habits, hematuria, dysuria <input type="checkbox"/> <input type="checkbox"/> Musc Myalgias, recent trauma, bony fractures, arthralgias, joint swelling <input type="checkbox"/> <input type="checkbox"/> Skin/breasts Rashes, new masses or skin lesions, increased sensitivity to sun <input type="checkbox"/> <input type="checkbox"/> Neuro Seizures, episodic or chronic muscle weakness <input type="checkbox"/> <input type="checkbox"/> Endo Hair loss, polydipsia <input type="checkbox"/> <input type="checkbox"/> Heme/lymph Bleeding gums, unusual bruising, swollen lymph nodes <input type="checkbox"/> <input type="checkbox"/> Allergy/Immun Sinus probs, recurrent infections <input type="checkbox"/> <input type="checkbox"/> Psych Mood changes, agitation, psychosis, delirium, dementia Occupational and Exposure History <input type="checkbox"/> Inorganic dusts i.e., quarries, sandblasting, cement, stone carving, welding, plumbing, shipyard work, firefighter <input type="checkbox"/> Organic dusts i.e., farming, building inspection, woodworking, remodeling, handling vegetable matter or animals <input type="checkbox"/> Noxious fumes i.e., spray painting, autobody work, working with dyes or glues, manufacturing plastic <input type="checkbox"/> Hot tub or Jacuzzi <input type="checkbox"/> High Pressure washings <input type="checkbox"/> Pets or feathers <input type="checkbox"/> Chemicals or fires																																																					
Family Medical History	Past Medical and Surgical History																																																					
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Prior Diagnostic Data	Exam
	<p>General <input type="checkbox"/> Alert Vitals T P R BP Sats %</p> <p>ENT <input type="checkbox"/> Nasal mucosa <input type="checkbox"/> Dentition <input type="checkbox"/> Oropharynx Mallampati <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV</p> <p>Neck <input type="checkbox"/> Normal to palpation <input type="checkbox"/> Thyroid <input type="checkbox"/> No JVD</p> <p>Resp <input type="checkbox"/> Clear to auscultation <input type="checkbox"/> Dullness to percussion <input type="checkbox"/> No respiratory distress <input type="checkbox"/> No chest wall defects <input type="checkbox"/> Decreased fremitus <input type="checkbox"/> Bronchial breath sounds <input type="checkbox"/> Absence of intercostal respiratory retractions <input type="checkbox"/> Egophony (E to A change)</p> <p>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</p> <p>GI <input type="checkbox"/> No palpable masses <input type="checkbox"/> Liver and spleen not palpable <input type="checkbox"/> No hepatjugular reflux</p> <p>Lymph <input type="checkbox"/> No lymphadenopathy</p> <p>Musc <input type="checkbox"/> Tone <input type="checkbox"/> Gait</p> <p>Extrem <input type="checkbox"/> No clubbing <input type="checkbox"/> No cyanosis</p> <p>Skin <input type="checkbox"/> No rashes, ecchymoses, nodules, ulcers</p> <p>Neuro <input type="checkbox"/> Oriented ☆58 (Pts with Community Acquired Bacterial Pneumonia) <input type="checkbox"/> Affect</p>

Plan	Impression
<p>COPD Therapy</p> <p><input type="checkbox"/> PRN bronchodilator "rescue agent" ☆52</p> <p><input type="checkbox"/> Inhaled corticosteroids</p> <p><input type="checkbox"/> Long-acting beta agonist ☆52</p> <p><input type="checkbox"/> Theophylline</p> <p><input type="checkbox"/> Long-acting anti-cholinergic ☆52</p> <p><input type="checkbox"/> Oral steroids</p> <p><input type="checkbox"/> Antibiotics for exacerbations</p> <p><input type="checkbox"/> Smoking cessation aids</p> <p><input type="checkbox"/> Long term oxygen therapy</p> <p><input type="checkbox"/> Patient advised to quit smoking</p> <p><input type="checkbox"/> Patient advised of risks of alcohol, narcotic and benzodiazepine use</p> <p><input type="checkbox"/> Medication Side Effects discussed</p> <p>Schedule Patient For</p> <p><input type="checkbox"/> Bronchoscopy</p> <p><input type="checkbox"/> Pulmonary Function Testing <input type="checkbox"/> Methacholine Challenge</p> <p><input type="checkbox"/> 6 Minute Walk Test</p> <p><input type="checkbox"/> Bone density evaluation</p> <p><input type="checkbox"/> CXR</p> <p><input type="checkbox"/> Chest CT <input type="checkbox"/> with contrast</p> <p><input type="checkbox"/> ECHO <input type="checkbox"/> with bubble study <input type="checkbox"/> assess PA pressures</p> <p><input type="checkbox"/> Cardiopulmonary Stress Test</p> <p><input type="checkbox"/> Sleep Study</p> <p><input type="checkbox"/> CT Surgery eval for lung reduction</p> <p><input type="checkbox"/> Pneumococcal vaccine</p> <p><input type="checkbox"/> Influenza vaccine</p> <p><input type="checkbox"/> Pulmonary Rehabilitation</p> <p><input type="checkbox"/> Labs</p>	<p><input type="checkbox"/> Patient has completed advanced health care directives ☆47 HCPOA is</p> <p>Code Status <input type="checkbox"/> Patient is a FULL CODE <input type="checkbox"/> DO NOT ATTEMPT RESUSCITATION</p> <p>Follow Up</p> <p><input type="checkbox"/> Continuous home oxygen therapy Flow rate _____ L/min</p> <p><input type="checkbox"/> Oxygen concentrator <input type="checkbox"/> Oxygen tank with conservation valve <input type="checkbox"/> Nasal cannula with reservoir</p> <p><input type="checkbox"/> Portable oxygen tank <input type="checkbox"/> Gas <input type="checkbox"/> Liquid</p> <p><input type="checkbox"/> Supplemental oxygen therapy during air travel Flow rate _____ L/min</p> <p><input type="checkbox"/> Home CPAP Flow rate _____ L/min</p> <p><input type="checkbox"/> Heater and humidifier Mask type <input type="checkbox"/> Nasal <input type="checkbox"/> Oronasal <input type="checkbox"/> Face</p> <p><input type="checkbox"/> Home BiPAP Inspiratory flow _____ / Expiratory flow _____</p> <p><input type="checkbox"/> Heater and humidifier Mask type <input type="checkbox"/> Nasal <input type="checkbox"/> Oronasal <input type="checkbox"/> Face</p> <p>Signature cc</p> <p>Data Reviewed: <input type="checkbox"/> ER Notes <input type="checkbox"/> Chart <input type="checkbox"/> Nursing Notes/Vitals log <input type="checkbox"/> Labs <input type="checkbox"/> Radiology data <input type="checkbox"/> ECHO <input type="checkbox"/> ECG <input type="checkbox"/> Stress Test <input type="checkbox"/> PFT</p> <p>Care Coordinated with: <input type="checkbox"/> HCPOA <input type="checkbox"/> PCP <input type="checkbox"/> Case Mgmt or SW <input type="checkbox"/> Pharmacy <input type="checkbox"/> Nursing</p>