

COPD GUIDELINES FOR CARE FLOW SHEET

| | | | | |
|---|----------------|-----------------------|----------------|----------------|
| Patient Name: | | Date of Birth: | | |
| Physician Name: | | Patient #: | | |
| Member #: | | | | |
| INTERVENTIONS | DATE | DATE | DATE | DATE |
| COPD Stage | | | | |
| Smoking Status (Y/N) If yes: cessation addressed? | | | | |
| Weight / Height / BMI | | | | |
| Shortness of Breath Controlled (Y/N) | | | | |
| EDUCATION (√ if addressed): | | | | |
| Nutrition | | | | |
| Severity Adjusted Exercise | | | | |
| Medication Review/Adjustment | | | | |
| Spacer/Holding Chamber Technique | | | | |
| Exacerbation Triggers Identified | | | | |
| Exacerbation Action Plan Review | | | | |
| Breathing Techniques if Appropriate (Y/N) Pursed-lip & Diaphragmatic | | | | |
| MEDICATIONS OPTIONS: | Y/N/ NA | Y/N/ NA | Y/N/ NA | Y/N/ NA |
| Short Acting Beta Agonist | | | | |
| Long Acting Beta Agonist | | | | |
| Anticholinergic | | | | |
| Inhaled Corticosteroid | | | | |
| Oral Corticosteroid | | | | |
| Osteoporosis Treatment | | | | |
| Anxiolytic | | | | |
| Antidepressant | | | | |
| Smoking Cessation Aids | | | | |
| Antibiotic | | | | |
| Other | | | | |
| ANNUAL or as INDICATED: | Results | Results | Results | Results |
| Spirometry (FEV ₁ & FVC %Pred Norm) | | | | |
| ABGs (Initial and as needed) | | | | |
| Pulse Oximetry (Rest) | | | | |
| Pulse Oximetry with 6-minute walk or stair climb | | | | |
| Oxygen Therapy Indicated (Y/N) | | | | |
| Pulmonary Rehab Indicated (Y/N) | | | | |
| Anxiety/Depression Screen | | | | |
| Obstructive Sleep Apnea Screen | | | | |
| Serum Theophylline Level | | | | |
| PREVENTIVE: | Date | Lot# | | |
| Flu Vaccine (annual) | | | | |
| Pneumococcal Vaccine (every 5 years) | | | | |