COPD SCREENING

NAME:	DOB:	AGE	(M) (F)
MEDICATIONS			
ALLERGIES:			
PMHX			
Yearly Immunization for influenza	(Y) (N) Pneumocoo	ccal Q5yrs (Y) (N)	
1. Do you cough regularly?		(Y) (N)	
2. Do you cough up phlegm regularl	y?	(Y) (N)	
3. Do even simple chores make you s	short of breath?	(Y) (N)	
4. Do you wheeze when you exert yo	urself, or at night?	P (Y) (N)	
5. Do you get frequent colds that per those of other people you know?	rsist longer than	(Y) (N)	
SMOKER (Y) (N) (PAST) EXPOSE	URE TO 2nd HAN	DSMOKE (Y) (N))
HOW LONG?# CIGS/DAY	# of PAC	CK YEARS	_
SMOKING CESSATION OFFERE		logic Intervention Referral	
DIAGNOSED WITH COPD? (Y) (Note that the state of exacerbations in last year	,	lizations	
VITAL SIGNS: BPP	R O2SAT	WT H	łт

MRC DYSPNEA SCALE

- 1. Normal- Not troubled by breathlessness except with strenuous exercise.
- 2. Troubled by shortness of breath when hurrying on the level or walking up a slight hill.
- 3. Walks slower than people of the same age on the level because of breathlessness or has to stop for breath when walking at own pace on the level.
- 4. Stops for breath after walking about 100 yards (90M) or after a few minutes on the level.
- 5. Too breathless to leave the house or breathless when dressing or undressing.

MRC SCORE:	

SPIROMETRY TESTING

PARAMETER MEASURED % PREDICTED FEV1

FEV1	
FVC	
FEV1/FVC	

POST BRONCHODILATOR- <0.7 CONFIRMS COPD				
DIAGNOSIS				
COPD MILD MODERATE SEVERE				
MEDICATION ORDERS:				
INHALER/SPACER TECHNIQUE REVIEWED? (Y) (N) REFFERAL				
HANDOUTS GIVEN TO PATIENT				