COPD (CHRONIC OBSTRUCTIVE PULMONARY DISEASE)
FLOW SHEET/ ENCOUNTER FORM

CO-MORBID CONDITIONS AND OTHER FACTORS	
☐ ANXIETY	☐ DEPRESSION
☐ ATRIAL FIBRILLATION	☐ ISCHEMIC HEART DISEASE
☐ CACHEXIA AND MALNUTRITION	☐ OSTEOPOROSIS
☐ CANCER	☐ OTHER RHYTHM PROBLEMS
☐ CATARACTS	☐ HYPERTENSION
☐ CONGESTIVE HEART FAILURE	☐ METABOLIC DISORDERS
☐ GLAUCOMA	☐ SKELETAL MUSCLE DYSFUNCTION

♦ PATIENT NAME		
♦ HEALTH # (OR OTHER UNIQUE PATIENT ID)	♦ GENDER ☐ Undifferentiated ☐ Male ☐ Female	
♦ PHONE (INCLUDE AREA CODE)	♦ BIRTHDATE (DD-MMM-YYYY)	
CHART NUMBER	CITY	POSTAL CODE
♦ PROVIDER NAME	PROVIDER ID #	

DIAGNOSTIC/ CLINICAL DATA, BY DATE

REVIEW ♦ = MANDATORY FIELDS

		MOST RECENT DATA			NEW DATA √ = RECALL DATE OF VISIT:
	♦ **REASON FOR TODAY'S VISIT**				☐ **SCHEDULED** ☐ **URGENT**
DIAGNOSIS	♦ **SPIROMETRY - FEV1/FVC post-bronchodilator < 0.7 confirms COPD** FEV_1				☐ **YES** ☐ **NO** **DATE** FEV_1 (____________) % PREDICTED
	MRC DYSPNEA SCALE				ENTER VALUE (1-5): _____
EXACERBATIONS	♦ **WRITTEN ACTION PLAN**				☐ **DEVELOPED/REVIEWED**
	♦ **# OF EXACERBATION(s) IN LAST YEAR AND DATE OF LAST (partial date allowed e.g. 2008, 2008/01)**				**# ____ DATE OF LAST:**
	MEDICATIONS SINCE LAST VISIT				ANTIBIOTICS ☐ YES ☐ NO PREDNISONE ☐ YES ☐ NO
	♦ **COPD URGENT CARE SINCE LAST VISIT**				**#ER VISITS: _____** **#HOSPITAL ADMISSIONS: _____** **#WALK INS: _____**
LIFESTYLE	CURRENT SMOKER				☐ CURRENT ☐ 2nd Hand ☐ PAST ☐ NEVER
	EX-SMOKER QUIT DATE (partial date allowed e.g. 2008, 2008/01)				DATE
	♦ **IF CURRENT SMOKER, WAS CESSATION OFFERED? (check all that apply)**				☐ **COUNSELLING TO STOP** ☐ **PHARMACOLOGIC INTERVENTION** ☐ **PROGRAM REFERRAL** ☐ **PD**
	PHYSICAL ACTIVITY GOALS				☐ DEVELOPED/REVIEWED ☐ NO ☐ TNS
	TARGET BODY MASS INDEX (BMI) Target 19 – 25 Height: Enter weight (LBS or KG)				_____ ☐ LBS ☐ KG
VACCINES	♦ **ANNUAL INFLUENZA VACCINE**				☐ **COMPLETED** ☐ **CI** ☐ **PD** **DATE**
	PNEUMOCOCCAL VACCINE				☐ COMPLETED ☐ CI ☐ PD DATE
THERAPY	♦ **CURRENT MEDICATION (check all that apply)**				☐ **SABD (e.g. Atrovent, Bricanyl, Ventolin)** ☐ **LAAC (e.g. Spiriva)** ☐ **LABA (e.g. Oxeze, Serevent)** ☐ **ICS/LABA (e.g. Advair, Symbicort)** ☐ **THEOPHYLLINE (e.g. Uniphyll)** **OTHER MEDS:**
	INHALER/SPACER TECHNIQUE REVIEWED?				☐ YES ☐ NO
	O_2 SATURATION COMPLETED BLOOD GASES				SaO_2: _____ % ☐ YES ☐ NO PaO_2: _____ mmHg $PaCO_2$: _____ mmHg
	OXYGEN THERAPY				☐ CONTINUOUS ☐ NOCTURNAL ☐ EXERCISE ☐ EXER. AND NOCT. ☐ NONE
REFERRALS	♦ **PULMONARY REHABILITATION REFERRAL?**				☐ **YES** ☐ **NO** ☐ **NP**
	OTHER REFERRALS (check all that apply)				☐ COPD PROGRAM ☐ NP ☐ RESP. SPECIALIST ☐ NP ☐ CERT. RESP. EDUCATOR ☐ NP ☐ SAIL O_2 TESTER ☐ NP ☐ DIETITIAN ☐ NP OTHER REFERRALS:
	END OF LIFE ISSUES DISCUSSED				☐ YES ☐ NO ☐ PD

CI – contraindicated **PD – patient declined** **NP – no program available** **TNS – tried or not suitable**

Adapted from BCMA Flowsheet – May 25, 2009

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COMMENTS

Date:

Date:

Date: