**COPD Patient Care Flow Sheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Date** | **Date** | **Date** | **Date** | **Date** | **Date** |
| **Review at Each Visit** |  |  |  |  |  |  |
| Weight |  |  |  |  |  |  |
| Pulse Oximetry |  |  |  |  |  |  |
| Smoker: Never/Past/Current*Quit Date:* |  |  |  |  |  |  |
| S/S chronic hypoxemia or OSA |  |  |  |  |  |  |
| Nutritional Intervention Needed? |  |  |  |  |  |  |
| Supplemental O2 |  |  |  |  |  |  |
| **Diagnosis** |
| FEV1 % predicted  |  |  |  |  |  |  |
| COPD Classification |  |  |  |  |  |  |
| CXR |  |  |  |  |  |  |
| ABG’s |  |  |  |  |  |  |
| CBC |  |  |  |  |  |  |
| EKG |  |  |  |  |  |  |
| **Exacerbations** |
| Date of last exacerbation |  |  |  |  |  |  |
| Exacerbation action plan in place |  |  |  |  |  |  |
| Antibiotic Rx |  |  |  |  |  |  |
| Prednisone Rx |  |  |  |  |  |  |
| Date of annual flu vaccine? |  |  |  |  |  |  |
| Pneumococcal vaccine in past 5 years? |  |  |  |  |  |  |
| **Referrals** |
| Pulmonary Rehabilitation |  |  |  |  |  |  |
| Stop Smoking Program |  |  |  |  |  |  |
| Specialist |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Education and Self-Management** | **Patient & Provider Goal** | **Date Set** | **Date Met** |
| Physical Activity |  |  |  |
| Smoking Cessation |  |  |  |
| Nutrition/Weight Management |  |  |  |
| Medication Adherence |  |  |  |
| Provide Written Education |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Sticker

|  |  |  |  |
| --- | --- | --- | --- |
| **Medication** | **Start Date** | **Stop Date** | **Adherence/Adverse Effects/Plan** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |