Chronic Obstructive Pulmonary Disease (COPD) Sample Flow Sheet

doctorcare
A WELL Health Company

Patient Name:	Date of Birth:	Date of Diagnosis:

SPIROMETRY

Date:	Patient's FEV_1 as a percentage of their predicted value:	FEV_1 /FVC ratio:
☐ Confirmation of a post-bronchodilator FEV_1 /FVC ratio of <0.7 for a COPD diagnosis		

COPD CLASSIFICATION

By Spirometry: ☐ Mild ☐ Moderate ☐ Severe ☐ Very Severe

CARE OBJECTIVES

Height (in/cm)	Weight (lbs/kg)	BMI
☐ Smoker	☐ Never Smoked	
☐ Ex-smoker	Quit Date:	
VACCINATIONS ☐ Annual flu	**Date:**	**Date:**
☐ Pneumococcal		
Patient goals:		

COMORBIDITIES

- ☐ Cardiovascular Disease
- ☐ Musculoskeletal Conditions
- ☐ Metabolic Syndrome
- ☐ Osteoporosis
- ☐ Anxiety
- ☐ Depression
- ☐ Lung Cancer
- ☐ Peripheral Vascular Disease
- ☐ Sleep Apnea
- ☐ Frailty
- ☐ Other:

PATIENT SELF-MANAGEMENT

EDUCATION

- ☐ Discuss triggers and risk of exacerbations
- ☐ Develop flare-up action plan
- ☐ Refer to Resource Guide for Patients
- ☐ Discuss advance care planning

SMOKING CESSATION

- ☐ Give Quit Now #1-877-455-2233
- ☐ Refer to smoking cessation program

SET LIFESTYLE MANAGEMENT GOALS

- ☐ Encourage physical activity
- ☐ Discuss meal planning and nutrition

ASSESSMENT

DATE					
Review of medications and side effects	☐	☐	☐	☐	☐
Discuss and evaluate inhaler use	☐	☐	☐	☐	☐
Step 1: SABA or SAMA therapy (for symptom relief)	☐	☐	☐	☐	☐
Step 2: Additional LAMA or LABA therapy (for symptom relief & prevent exacerbations)	☐	☐	☐	☐	☐
Step 3: Triple therapy (Addition of ICS) (to prevent exacerbations)	☐	☐	☐	☐	☐
Severe COPD: Supplemental oxygen	☐	☐	☐	☐	☐
DATE OF LAST EXACERBATION					
Review flare-up action plan	☐	☐	☐	☐	☐
Short acting bronchodilator (for initial treatment of acute exacerbations)	☐	☐	☐	☐	☐
Oral corticosteroids (e.g. prednisone) (for most moderate to severe COPD patients)	☐	☐	☐	☐	☐
Antibiotic treatment (for patients presenting with symptoms and risk factors for bacterial infection)	☐	☐	☐	☐	☐
REVIEW LIFESTYLE MANAGEMENT GOALS					
Smoking cessation	☐	☐	☐	☐	☐
Prescribe physical activity	☐	☐	☐	☐	☐
Dietary guidance	☐	☐	☐	☐	☐
Other:	☐	☐	☐	☐	☐
REFERRAL TO PULMONARY REHAB	☐	☐	☐	☐	☐
REFERRAL TO SPECIALIST	☐	☐	☐	☐	☐