

Pulmonary Nurse Post Discharge COPD Follow-Up Note

Veteran was contacted by telephone for a follow-up call relating to recent COPD-related hospital discharge on _____ from [insert hospital name] due to _____. Patient was under the care of _____ MD.

Was Pulmonary consulted? Yes | No

I. Review Discharge Medications

Check [CPRS Active Medications]

DOCUMENTING MED DISCREPANCIES

- [Patients go home, something has fallen off the list]
- [Open field for itemizing any discrepancies that arose]
- [If there is a problem with medications, then pulmonary nurse will attempt to schedule an appointment]

Pulmonary nurse identifies the need for an appointment based on medication discrepancies.

Pulmonary nurse provides education/counseling on meds over the phone.

II. Questions: Post-discharge

1. If prescribed antibiotic meds, are you still taking them? Yes | No

2. If prescribed steroids, are you still taking them? Yes | No

3. If prescribed oxygen, are you using it? Yes | No

4. CAT Evaluation:

Did this patient previously receive a phone call from the pulmonary nurse during which time their CAT score was documented? Yes | No

If Yes, please document previous score:

5. Current CAT Assessment:

I never cough	1	2	3	4	5	I cough all the time
I have no phlegm (mucus) in my chest at all	1	2	3	4	5	My chest is completely full of phlegm (mucus)
My chest does not feel tight at all	1	2	3	4	5	My chest feels very tight
When I walk up a hill or one flight of stairs, I am not breathless	1	2	3	4	5	When I walk up a hill or one flight of stairs, I am very breathless
I am not limited doing any activities at home	1	2	3	4	5	I am very limited doing activities at home
I am confident leaving my home despite my lung condition	1	2	3	4	5	I am not at all confident leaving my home because of my lung condition
I sleep soundly	1	2	3	4	5	I don't sleep soundly because of my lung condition
I have lots of energy	1	2	3	4	5	I have no energy at all
TOTAL SCORE						

6. Do you have any fever?

7. Based on the CAT, adherence to medication, and other symptoms, has this patient's condition worsened to the point that should be considered at risk and in need of an immediate follow-up appointment?

Yes | No

III. Other Questions:

a. Are you a smoker? Yes | No

b. Do you feel better or worse since discharge from the hospital?

c. Would you like to be more physically active? Yes | No

If Yes – discuss options and barriers

IV. COPD Checklist:

a. Taking inhalers/nebulizers as prescribed?

b. Using spacer with inhalers?

c. If on oxygen, using _____ liters?

d. Report any unrelieved symptoms such as shortness of breath or difficulty of breathing.

e. Yearly annual influenza vaccination?

f. Pneumococcal PPSV23 (Pneumovax)?

g. Pneumococcal PCV13 (Pneumovax)?

h. Smoking cessation discussed?

i. Ready to quit? Yes | No

j. Date to quit? _____

k. Has this patient developed a smoking cessation action plan? Yes | No

l. Referral to Smoking Cessation Program: Yes | No

m. Pulmonary rehabilitation referral: Yes | No

If Yes, mail information about pulmonary rehabilitation program.

V. Review Action Plan

a. Do you know what to do if your breathing gets worse?

Yes

No

Document given instructions.

b. Who is your PCP? This is the person you would call if your breathing worsens.

c. You may call the pulmonary clinic at XXX.

d. Follow-up Pulmonary Clinic appointment provided to patient prior to discharge?

Yes

No