

COPD Patient Shared Care Plan

What are normal observations for this patient?

Patient Information	
Name	\${Title_and_surname} \${Forename}
Address	\${Patient_address}
Tel (Home)	\${Patient_home_telephone_number}
Tel (Mob)	\${Patient_mobile_telephone_number}
DOB	\${Date_of_birth}
NHS No	\${NHS_number}
Gender	\${Gender}
Ethnicity	\${Ethnicity}

GP Information	
GP	\${Referring_doctor}
Practice	\${Registered_GP_practice_ID} \${Registered_GP_practice_name}
Practice Address	\${Registered_GP_address}
Practice Tel	\${Registered_GP_phone_number}
Practice Fax	\${Registered_GP_fax_number}
Practice Email	\${Registered_GP_email}

Known Clinical Alerts		
Respiratory diagnosis/es		
Baseline observations (Range):	Pulse:	Rhythm e.g. Known AF:
Respiration rate (Range):	Respiratory observations: e.g. normal pursed lip breathing	Usual auscultation for patient includes:
BP sitting:	Known postural drop: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Usual O2 sats on Air (range)		
Usual sats on exertion (range):	Recovery time:	Known exercise distance:
Patient on home oxygen: <input type="checkbox"/> LTOT ___ L/Min up to ___ Hours / 24 (min. 16 Hours) <input type="checkbox"/> AOT ___ L/Min	Flow rate CAN BE/MUST NOT BE adjusted when patient symptoms are Please increase/decrease to ___ L/Min And review to see effect.	Usual sats on O2 (range)
Known Type 2 Respiratory Failure? <input type="checkbox"/> Yes <input type="checkbox"/> No Oxygen alert card <input type="checkbox"/> Yes <input type="checkbox"/> No Under secondary care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home NIV <input type="checkbox"/> Yes <input type="checkbox"/> No	Home CPAP <input type="checkbox"/> Yes <input type="checkbox"/> No
Lives alone <input type="checkbox"/> Yes	<input type="checkbox"/> No Lives with:	
Available carer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Usual care agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	Usual care package? <input type="checkbox"/> Yes <input type="checkbox"/> No
Carer's Contact name		Carer's Contact no:
Self management plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
Advanced care planning Discussion:		MCW folder issued: <input type="checkbox"/> Yes <input type="checkbox"/> No
DNAR status: If Known: <input type="checkbox"/> For resuscitation <input type="checkbox"/> Not For resuscitation <input type="checkbox"/> Not determined <input type="checkbox"/> Not known	Location of DNAR form:	
Preferred place of care:		
Date of document creation:	Signed:	Print name:
Date amended:	Signed:	Print name:
Created By:	Signed:	Job role:

Version No	Updated by	Date updated	
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