COPD Clinic Checklist

This checklist for use in clinics has been developed specifically to be utilised by primary care nurses delivering COPD care. It is intended to be used as a checklist to help cover the relevant aspects of care in the consultation. It has been produced in Microsoft Word™ format as a general guide, allowing for local adaptation. It must be stressed that the use of all or part of this clinic checklist must be sanctioned and approved by the appropriate authorised individual from the practice or primary care organisation in which it is to be used. The PCRS-UK is neither responsible nor liable, directly or indirectly for any form of damage or injury caused as a result of information provided in this document, nor for changes arising from local adaptations.

Before a COPD consultation it may be useful for patients to be provided with information regarding the purpose and process involved in a clinic consultation or review. It is useful to suggest to patients that they make a list of questions they would like to ask when attending. Ask the patient to bring any medication especially all their inhalers that have been prescribed for them. For guidance on skills levels and what you can be expected to undertake in your consultation please refer to the PCRS-UK Skills Level Document available from http://www.pcrs-uk.org/downloads/nurses/skillsleveldoc_rev2010.pdf.

For assessments, during which you will be performing spirometry, ensure you provide the spirometry information leaflet (see spirometry protocol - http://www.pcrs-uk.org/resource/spirometry-opinion-sheet) and instructions regarding the use or cessation of medication before attending.

Initial Assessment

The aim is to confirm the diagnosis.

- ☐ Take a full history particularly focusing on respiratory aspects
  - ☐ Shortness of breath
  - ☐ Cough
  - ☐ Sputum
  - ☐ Reduced exercise tolerance
- ☐ Document smoking status and willingness to quit if still smoking
- ☐ Check all medication
- ☐ Perform spirometry according to protocol and interpret results
- ☐ Relevant examination including:
  - ☐ Finger clubbing
  - ☐ Chest examination
  - ☐ Pulse
  - ☐ Respiratory rate

If the diagnosis is confirmed include the following:

- ☐ MRC dyspnoea score
- ☐ COPD Assessment Test (www.catestonline.co.uk).
- ☐ Depression questions as recommended in QoF (a score of 3 or more would warrant a referral to the GP for further evaluation)
- ☐ Chest X-ray as a baseline for all newly diagnosed patients
- ☐ Full blood count (FBC)
- ☐ BMI
- ☐ Pulse oximetry. If this is 92% or more at rest oxygen is not required but you might want to advise on techniques for coping with breathlessness

Management of COPD

- ☐ Management of COPD according to local/national guidelines (discuss with patient and GP as appropriate)
- ☐ If prescribing inhalers check technique and understanding
- ☐ A written self management plan – to include recognition and management of exacerbations (an action plan) and self care
- ☐ Advice about influenza and pneumococcal vaccination
- ☐ Quality of life questionnaire e.g. AQ20, SGRQ or CCQ (http://www.ccq.nl/)
- ☐ Offer the patient an opportunity to ask any questions

All patients should be offered an annual review but inpatients with more severe disease follow up should be offered six monthly or more frequently if they have worsening symptoms.

At review

Document the following:

- ☐ Breathlessness and exercise tolerance.
  - ☐ How far can they walk?
  - ☐ Can they walk on a incline?
  - ☐ Can they climb stairs?
  - ☐ MRC 3 and above and considering themselves disabled refer for pulmonary rehabilitation
- ☐ Sputum production
  - ☐ Colour
  - ☐ Thick or easy to expectorate
- ☐ Frequency of exacerbations
  - ☐ Ask about courses of antibiotics and/or oral steroids since last assessment
  - ☐ Document any hospital admissions and ask about these
- ☐ Check for complications – e.g. cor-pulmonale. Is there any ankle swelling?
- ☐ Look for signs of anxiety and depression and ask the depression questions
- ☐ Ask about and document the presence of other co-morbidites i.e. diabetes, heart failure, osteoporosis
- ☐ Discuss the effects of drug treatment, discontinue treatments with no objective benefit
- ☐ Check Inhaler technique at every review and provide education where appropriate
- ☐ Do pulse oximetry. If saturations are below 92% at rest refer for long-term oxygen therapy (LTOT)
- ☐ If on frequent steroids think about the need for osteoporosis prevention
- ☐ Assess nutritional status and check BMI
- ☐ Spirometry yearly unless there is rapid deterioration so this can be monitored

Repeat

- ☐ CAT (www.catestonline.co.uk)
- ☐ AQ20
- ☐ SGRQ or CCQ
- ☐ Depression questions

Consider referral to

- ☐ Smoking cessation services
- ☐ Pulmonary rehabilitation
- ☐ Respiratory physiotherapy
- ☐ Occupational therapy
- ☐ Respiratory specialist (nurse, consultant, GPwSI) or a community matron
- ☐ Social services (help at home, benefits etc) Dietician
- ☐ Expert patient programme or self help groups e.g. Breathe Easy
- ☐ Mental health services
- ☐ GP for further assessment or treatment of co-morbid conditions (if you or the patient have concerns that have not been addressed, or if the current medication is not working)

Resources

The PCRS-UK produces a range of resources available via its website to support you in the management of patients with COPD. These include our popular opinion sheets (http://www.pcrs-uk.org/opinion-sheets) our COPD Quick Guide and slide kits (http://www.pcrs-uk.org/copd-resources-1) and our nurse resources (http://www.pcrs-uk.org/nurse-tools-and-resources). *The Primary Care Respiratory Journal* (http://www.thepcrj.org), our official journal, also includes guidance on how to perform spirometry in primary care.

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