

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

New Brunswick Family Practice Patient Care Flow Sheet

NAME OF PATIENT	BIRTHDATE
CO-MORBID CONDITIONS	MEDICARE #
	DATE OF DIAGNOSIS

Ensure diagnosis of COPD was made with Spirometry testing from an accredited laboratory(/ /) – Results and meets the following Canadian Thoracic Societies criteria to establish a diagnosis of COPD: Post bronchodilator FEV1/FVC ratio <0.7).

ASSESSMENTS:	DATE (D/M/Y)			
Too SOB to leave the house, or SOB when dressing (if yes, MRC score of grade 5 = severe stage of COPD)				
Stops for breath after walking about 100 yards (If yes, MRC score of grade 4 = moderate stage of COPD)				
Walks slower than people of same age on the level, or stops for breath while walking at own pace on the level (If yes, MRC score of grade 3 = moderate stage of COPD)				
SOB when hurrying on a level surface or walking up a slight hill (If yes, MRC score of grade 2 = mild stage of COPD)				
SOB with strenuous exercise (If yes, MRC score of grade 1 = very mild stage of COPD)				
MRC = medical research council dyspnea scale, which is recommended by the CTS for assessment of disability from COPD				
Hospitalization for COPD YES or NO				
Chest X-Ray-recommended at the time of diagnosis				
Smoker – provide brief intervention - Give Quit Line #: 1-877-513-5333 - Referral to NB Anti-Tobacco Coalition online smoking cessation programs – www.nbatc.ca				
Non-Smoker - Quit date: _____				
Influenza vaccine				
Pneumococcal vaccine				
Clinical signs of depression/anxiety				
Poor nutritional status (BMI, low <18.5 or high >25.9) - Note: if over 65 years - BMI, low <24.0 or high >29.0)				
Atypical features of COPD: See Footnote - If present, consider screening for AAT deficiency and consider Respiriology consultation				
Short-acting beta₂ agonist				
Anticholinergic (Long-acting if > mild COPD)				
Long-acting beta₂ agonist				
Consider Sputum gram stain & culture when purulent AECOPD if very poor lung function, AECOPD >3/year or has been on antibiotics in the last 3 months				
Combination LABA/ICS				
Other medications				
Review medications and side effects				
Action Plan given to patient and reviewed- YES or NO				
Consider obstructive sleep apnea screening?				
Consider Bone Mineral Density (BMD) for osteoporosis (If on ICS/oral steroids and has risk factors)?				
Consider referral to Pulmonary rehab?				
Consider exercise management program?				
Other				
Consider SPECIALIST REFERRAL:				

NOTE: In order to be eligible to claim this incentive, each patient must be seen a minimum of (2) two times per year by a licensed health care provider in relation to their chronic disease, including at least (1) one visit with the family physician claiming the CDM fee.

Atypical Features of COPD:

1.) Early onset of COPD (<40 yrs) 2.) Family Hx of COPD 3.) Disabled in 40s or 50s from COPD 4.) Exposure to tobacco < 10 pack years.