Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

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COPD HOMECARE SCHEME
Patients with Exacerbation of COPD
Medical Assessment Form

(Must be completed by a Doctor for entry onto Scheme)

Patient Label or Name/Address: **DOB:** **GP:**	**Admission Date:** **Admission Ward:** **Diagnosis:** **SPA Referral number: 01633 744284**

Functional Level of Patient when Stable & Reason for this Admission:

Duration & Progression of Symptoms

Assessment Against Criteria for Homecare Scheme ***(please tick each box when completed)***

Temp<38°C, Resps (<30/min), PR(<130 b/min) BP >90 systolic		Normal level of consciousness & no confusion	
O^2 Sats >85% **(breathing air or usual LTOT flow rate)**		No other acute pathology	
PaO^2 (>7.3Kpa/55mmHg), $PaCO^2$(<7.0 Kpa/52.5mmHg) pH (>7.35) **breathing air or usual LTOT flow rate**			
No acute changes on X-Ray ***(must see)***		Circumstances at home satisfactory	
No acute changes on ECG ***(must see)***		Patient agrees to the service	

IS THERE CO-MORBIDITY Y/N
e.g. ACS, New AF, Pneumonia or other significant infection, Pneumothorax, LVF/Pulmonary Oedema, PE, Lung Ca or any other upper air way obstruction.
If yes please comment:

Arterial Blood Gases/Hb (Room air or usual LTOT flow rate)	**Record the Following**	**Treatment Plan**
O^2 Sats ……. PaO^2 …….. $PaCO^2$ ……. pH …….. Hb ……..	Temperature ……. Pulse: …… Respirations: ……. BP……..	

Medication (including dose & frequency)	**Dr's Signature**	**Discontinue Date**
Rescue course: Prednisolone 30mg 7 days		
Doxycycline 200mg then 100mg OD 6 days		

Outcome ***(to be completed by Rapid Response Team)***

Admitted to COPD Scheme YES/NO **Date: ……..**

COPD Homecare direct contact no: Newport: 07854 674115 Caerphilly: 07854 674179
Torfaen: 07854 674354 South Monmouthshire 07957 135760/ 07957 151024

Signature: _____