

We know that many patients would prefer to be at home if they could receive the same expertise and care that would be given in hospital.

We are able to offer this type of care through our **COPD Homecare Scheme** for some patients that come into hospital with a worsening of their current breathing problems. Care is provided by the Rapid Response Team or by District Nurses, for a period of up to fourteen days. The nurses who work on this team have received training from the Respiratory Team. They also have the ongoing support of the Consultant Physicians at the Royal Gwent Hospital.

We feel that patients receiving this service will benefit in the following ways:

- ❖ They will receive trained nursing support and careful monitoring of their chest condition.
- ❖ They will spend minimal time in hospital during their initial assessment and will therefore have less exposure to infections in hospital that can further complicate chest illnesses.
- ❖ Familiar surroundings at home are often more restful and research has shown this can aid recovery.

You have undergone the usual assessments, examinations and investigations in the hospital and we are confident that we will be able to care for you at home during this illness. If you would like to be considered for the scheme a member of the service will come to see you. The Doctor will arrange for any new medication before you go home. We will lend the medical equipment that you require for the duration of your care under this scheme (usually up to 14 days).

Patient Consent

I would like to accept admission to the **COPD Homecare Scheme**.
I understand that should my chest condition deteriorate arrangements will be made for my return to hospital.

Patient Signature: **Date:**

COPD HOMECARE SCHEME

PATIENT RECORDS

Patient Unit No:

Patient's Name:

Address:

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Date of Admission:

Date of Discharge:

G.P.:

Surgery:

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Consultant:

Home care team: contact details circle as appropriate.

Newport :	07854 674115
Caerphilly :	07854 674179
Torfaen :	07854 674354
Monmouthshire:	07957135760/ 07957151024

**All areas contact via Single Point of Access (SPA):
01633 744284**

COPD Homecare Scheme

Patient/Carer Information

This service provides you with an opportunity to be looked after in your own home under the care of the COPD homecare team.

Prior to your admission to the service you would have been assessed by a doctor or a nursing member of the COPD homecare team to ascertain your suitability for the service.

The team will monitor your condition for a period of seven to fourteen days or until they feel you are over the worse and your condition has stabilised. We will lend you medical equipment for this time. This will be returned for use by other patients at the end of our time with us.

The team fully expects that you will make a good recovery. Very occasionally you or your carer may notice a deterioration of your symptoms. This may result in you being admitted to hospital so that a further assessment can be carried out.

If you or your carers notice any of the following: -

- Disorientation, confusion, agitation or headache which is not relived by usual painkillers.
- The development of a high temperature above 38.5 centigrade/101 Fahrenheit.
- Deterioration in your condition.

If you are having problems it is important that you contact the COPD Homecare Team 8.00am – 8.00pm

Contact details (circle as appropriate):

Newport	:	07854 674115
Caerphilly	:	07854 674179
Torfaen	:	07854 674354
Monmouthshire	:	07957135760/ 07957151024

OR

South Gwent Out of Hours Service 8.00pm –8.00am: 0845 6001231

It is important that you do **not** contact your **GP** directly because you are still in the care of the Hospital Consultant and it will confuse matters. Your GP has been informed that you are under our care and, if necessary, we will advise you if you need to contact your GP.

Hospital admission will be arranged if necessary

To Be Completed Prior to Discharge from Hospital

<p>Patient Sticker Here or Write</p> <p>Name:</p> <p>DOB:</p>

Address:

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Next of Kin:

Telephone No:

GP:

Discharge Date:

Presenting Respiratory Problem:

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Past Respiratory History:

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Relevant Past Medical History:

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Smoking History

Pack Years Smoked

Current Smoker **Y/N** Per day

Considering Stopping: **Y/N**

Ready to Stop **Y/N**

Year Stopped

?for Referral to Smoking Cessation Scheme **Y/N**

Help Given in Past:

Condition when Stable

Medical Research Council Dyspnoea Scale (***circle most appropriate number***)

- 0 Not troubled by breathlessness except of strenuous exertion.
- 1 Short of breath when hurrying on the level or walking up a slight hill.
- 2 Walks slower than people of the same age on the level because of breathlessness or has to stop for breath when walking at own pace.
- 3 Stops for breath after walking about 100 metres or after a few minutes on the level.
- 4 Too breathless to leave the house or breathless when dressing.
- 5 Breathless at rest, when talking or eating.

Normal sputum production/colour:

Other symptoms when stable:-

Cough:

Wheeze:

Shortness of breath:

Exercise tolerance:

Usual SaO2 :- air O2

Discharge Medication (identify usual medication and newly prescribed drugs)

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Nebuliser at home? Y/N

If yes who owns it?

When was it last serviced?

Oxygen at home? Y/N

If yes cylinders or concentrator

If concentrator what oxygen delivery rate.....

Allergies:

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Flu Vaccination Y/N

Pneumovax Y/N Year

Social circumstances:

Living alone? With whom?

Other support?

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Appetite Shopping

Toileting Stairs

Sleeping

Usually sleeps – bed / chair

Does patient require short term Social service support?

Details:

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Other Comments:

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Plan of treatment on discharge;

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Patient consent has been explained & signed by patient: **Y/N**

Signed:

Designation:

Review on Initial Day of Discharge Home Visit:

Has your breathing changed since being home? Y/N

Is your breathing better, worse or the same?

Compared to yesterday? Compared to when in hospital?

A little or a lot better/ worse

If improved: How close are you to your usual self?:

Long way to go / nearly / back to normal (circle most appropriate)

Present exercise tolerance (yards)

Has your sputum changed since being home?

Sputum (volume / purulence) improved, worse or the same:

as yesterday? as in hospital?

Current COPD treatment:

Prednisolone Y/N dose:

Antibiotics Y/N Name:

Nebulised bronchodilators Y/N

(Check patient using all respiratory medication prescribed at discharge)

Examination:

Level of Consciousness/Confusion:

Temp: (>38.5°) Pulse: (120>b/min)

Resps: (>25/min) B.P: (<90 systolic)

O² Sats on Air: (<90%) O² Sats on Oxygen

O² flow rate (if used) Litres/minute

Peak Flow Recording: Chest Auscultation:

Ankle Oedema Y/N If Y is it worse than: usual Y/N

Is it improving or worsening (circle answer)

Anxiety? Y/N

If Yes give more detail:

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.....

Other Comments or Difficulties?

.....

.....

CHECK Nebuliser:-

☐

Does patient know how to use if provided on discharge? Y/N

Machine working - filter change

Mask/Mouthpiece – set working

New set provided

Compressor loaned

CHECK Oxygen:-

☐

Does patient know how to use if provided on discharge? Y/N

Concentrator/cylinder set on prescribed dose

If cylinder – observe being turned on

Filter / tubing

CHECK Inhaled Medication:

☐

Check correct inhalers being used

Check supply available

Check technique

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Provide Spacer / assistance if unable to use pMDI/DPI

Volumatic

Aerochamber

Haleraid

CHECK

Patient has adequate supply of **ALL medication**

☐

CHECK

Does patient have point of contact:- Ensure provision

Family member

☐

COPD Homecare provider

☐

Management Plan:

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Second line antibiotic **Y/N**

Re-Admit *Y/N*

Review in: *1 2 3 days*

Date:

Signed: **Designatio**

Twenty Four Hour Review

Review on Initial Day of Discharge Home Visit:

Has your breathing changed since being home? **Y/N**

Is your breathing better, worse or the same?

Compared to yesterday?

Compared to when in hospital?

A little or a lot better/ worse

If improved: How close are you to your usual self?

Long way to go / nearly / back to normal (circle most appropriate)

Present exercise tolerance (yards)

Can you climb the stairs?

Are you producing sputum? **Y/N**

Has your sputum changed since being home?

Sputum (volume / purulence) improved, worse or the same:

as yesterday? as in hospital?.....

Observe Sputum: Colour Volume.....

If sputum increasing volume/ purulence two consecutive days take sputum sample and add second line antibiotic

Anxiety? Y/N

If Yes give more detail

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Tiredness

Eating/ Appetite OK Y/N If N ? Reason

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Drinking Plenty? Y/N If N ? Reason

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Sleeping OK? Y/N

If N? Reason

Sleeping where? Bedroom Chair Usual place **Y/N**

Bowels OK?

Y/N

Washing

Other Comments or Difficulties?

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Current COPD treatment:

Prednisolone **Y/N** Antibiotics **Y/N** Name:

Nebulised bronchodilators **Y/N**

(Check patient using all respiratory medication prescribed at discharge)

Does patient have Rescue Pack? Yes No

Examination:

Level of Consciousness/Confusion:

Temp: (>38.5⁰) Pulse: (120>b/min)

Resps: (>25/min) B.P: (<90 systolic)

O² Sats on Air: (<90%) Peak Flow Recording:

Chest Auscultation:

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Ankle Oedema **Y/N**

If Y is it worse than: usual **Y/N** Is it improving or worsening (circle answer)

CHECK Nebuliser:-☐**Does patient know how to use if provided on discharge? Y/N**Machine working - filter change **Y/N**Mask/Mouthpiece – set working **Y/N**

New set provided

Compressor loaned

CHECK Oxygen:-☐**Does patient know how to use if provided on discharge? Y/N**Concentrator/cylinder set on prescribed dose **Y/N**

If cylinder – observe being turned on

Filter / tubing

CHECK Inhaled Medication:☐

Check correct inhalers being used

Check supply available

Check technique:

Provide Spacer / assistance if unable to use pMDI/DPI**CHECK Patient has adequate supply of ALL medication**☐**CHECK does patient have point of contact: Ensure provision**

Family member

☐

COPD Homecare provider

☐**Management Plan:****Second line antibiotic Y/N***Re-Admit Y/N**Review in: 1 2 3 days*

Date:.....

Signed:**Designation:**

Further Review

Has your breathing changed since being home? Y/N

Is your breathing better, worse or the same? Compared to:

yesterday? Compared to when in hospital?.....

A little or a lot better/ worse

If improved: How close are you to your usual self?

Long way to go / nearly / back to normal (circle most appropriate)

Present exercise tolerance (yards)

Has your sputum changed since being home? Y/N

Sputum (volume / purulence) improved, worse or the same:

as yesterday? as in hospital?

Anxiety? Y/N

If Yes give more detail

.....

.....

Tiredness

Eating/ Appetite OK Y/N If N? Reason

Drinking Plenty? Y/N If N? Reason

Sleeping OK? Y/N If N? Reason

Sleeping where? Bedroom **Chair** **Usual place Y/N**

Bowels OK? Y/N

Washing

.....

Other Comments or Difficulties?

.....

.....

Current COPD treatment:

Prednisolone **Y/N** **Antibiotics Y/N** **Name:**

Nebulised bronchodilators **Y/N**

(Check patient using all respiratory medication prescribed at discharge)

Examination:

Level of Consciousness/Confusion:

Temp: (>38.5°) Pulse: (120>b/min)

Resps: (>25/min) B.P: (<90 systolic)

O² Sats on Air: (<90%)

Peak Flow Recording:

Chest Auscultation:

Ankle Oedema **Y/N**

If Y is it worse than: usual **Y/N** Is it improving or worsening (circle answer)

Other Comments:

Management Plan:

Second line antibiotic **Y/N**

Re-Admit *Y/N*

Review in: 1 2 3 *days*

Date:.....

Signed: **Designation:**

Nursing Interventions and Onward Referrals

Action	Details	Date	Signature
COPD Education Basic education Leaflet			
Anxiety Management			
Pulmonary Rehabilitation			
Specialist Nurse			
LTC team			
Dietician			
OT			
Community Physiotherapy			
District Nurse			
Social Worker			
Voluntary Agency			
Palliative Care team			
Smoking Cessation			
GP			

MDT NOTES

[illegible]