

COPD Evaluation Form

Community Paramedic Line (208)287-2998

Pt Name: _____	Pt ID #: _____	Date: / /
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COPD Diagnosis

<input type="checkbox"/> Asthma	<input type="checkbox"/> Bronchitis / Chronic Bronchitis	<input type="checkbox"/> Emphysema
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Assessment

Smoking Hx	Years smoking _____	Pack-years _____	Quit date _____
Pneumonia	<input type="checkbox"/> Frequent	<input type="checkbox"/> Occasional	<input type="checkbox"/> Infrequent
Dyspnea / Exertional	<input type="checkbox"/> Better	<input type="checkbox"/> Worse	<input type="checkbox"/> Unchanged
Cough	<input type="checkbox"/> Better	<input type="checkbox"/> Worse	<input type="checkbox"/> Unchanged
Sputum / Mucous Production	<input type="checkbox"/> Better	<input type="checkbox"/> Worse	<input type="checkbox"/> Unchanged
Wheezing	<input type="checkbox"/> Better	<input type="checkbox"/> Worse	<input type="checkbox"/> Unchanged
Chest Tightness	<input type="checkbox"/> Better	<input type="checkbox"/> Worse	<input type="checkbox"/> Unchanged
Energy Level	<input type="checkbox"/> Better	<input type="checkbox"/> Worse	<input type="checkbox"/> Unchanged
Sleep	<input type="checkbox"/> Better	<input type="checkbox"/> Worse	<input type="checkbox"/> Unchanged

Lung Function

<input type="checkbox"/> Home O2: _____ -- _____ LPM	SpO2 _____ %	CO2 _____ PPM	Spirometry Results _____
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ADL

Function	Independent	Needs Help	Dependent	Does not do
Bathing				
Dressing				
Grooming				
Oral Care				
Toileting				
Transferring				
Walking				
Climbing Stairs				
Eating				
Shopping				
Cooking				
Managing Medications				
Using the Phone				
Housework				
Doing Laundry				
Driving				
Managing Finances				

Lab Results (i-STAT)

Vital Signs

Time/date	BP	HR	RR	SpO2	Weight	BG	Temp	GCS

Household allergen triggers educational information provided.

Signature _____ Print _____ ADA# _____