**[PLEASE REVIEW AND UPDATE AS APPROPRIATE TO YOUR SERVICE]**

**Pulmonary Rehabilitation Patient Record Patient ID Label or**

Patient name: ……………….……….

|  |
| --- |
| **Consultant/Therapist:** |
| **□ Consent form signed**  **□ Medication recorded**  **□ Questionnaires returned** |

DOB: .……….…………………….………

Male/Female: ……………….………

NHS number:…..…………….……….

**PATIENT DETAILS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient Address:** |  | | **GP Name and address:** | |  | | |
| **Postcode:** |  | | **GP Postcode:** | |  | | |
| **Telephone (day):** |  | | **GP telephone** | |  | | |
| **Mobile:** |  | | **Next of Kin** | |  | | |
| **Email:** |  | | **NoK** **telephone** | |  | | |
| **Interpreter required?** | □ YES □ NO | | **Relationship to patient** | |  | | |
| **Languages spoken** | □ English □ Welsh □ Hindi □ Bengali □ Urdu □ Punjabi □ Gujarati  □ Other: | | | | | | |
| **Ethnicity:** | □ White British  □ White Irish  □ Any other White background  □ Caribbean  □ African  □ White and Black Caribbean  □ White and Black African  □ Any other Black background  □ Indian | | | □ Pakistani  □ Bangladeshi  □ White and Asian  □ Any other Asian background  □ Chinese  □ Any other ethnic group  □ Any other mixed background  □ Not stated | | | |
| **Web access and web literacy** | □ Access to internet at home and confident using  □ Access to internet at elsewhere and confident using  □ Access to internet with assistance □ No access/not web literate | | | | | | |
| **Housing**  **Stairs**  **Stair Lift** | House / Flat / Bungalow  □ YES □ NO  □ YES □ NO | **Employment status** | | | | □ Full-time □ Part-time  □ Unemployed □ Retired □ Other: | |
| **Social Circumstances** | □ Lives alone  □ Lives with spouse/partner  □ Lives with family  □ Other | **Occupation** | | | |  | |
| **Age when left education?** | | | |  | |
| **Requires Transport?** | □ YES □ NO | **Patient is a carer?**  **Pt dependent on carer?** | | | | | □ YES □ NO  □ YES □ NO |

|  |  |
| --- | --- |
| **MRSA:**  **+ve -ve** | **Risk Fact**or: Yes / No  **Site:** Sputum Wound Flaking Skin **Previous MRSA Contact**: Yes / No  (if answer is yes to any question then please fill in MRSA screening tool) |

**REFERRAL & ASSESSMENT**

|  |  |  |
| --- | --- | --- |
| **Date of receipt**  **of referral:** | | **Initial Assessment**  **date:** |
| **Referral pathway:** □ Elective □ Post-AECOPD □ Other:  **Referred from:** □ Secondary Care □ GP/practice team □ Community Services  **Referred by:** □ Consultant/clinical team □ Specialist COPD team □ GP □ Nurse □ Other: | | |
| **PR start date offered?**  □ Yes □ No | **If no, what was the reason?**  □ Clinically unsuitable □ Patient declined □ Patient unable to attend□Not recorded | |
| **If yes, PR start date:** | **Number of sessions scheduled:**  **Number of sessions completed:** | |
| **Type of Programme:**  □ Rolling □ Cohort □ Other | **Site/Venue:**  [Site A] [Site B] [Site C] | |
| **Previously attended a PR programme in the last year?** □ YES □ NO  **If yes, completed programme?** □ YES □ NO | | |
| **Supplemental oxygen given during exercise** | □ Yes □ No | |

**Main Diagnosis**

|  |
| --- |
| □ COPD □ Asthma □ Alpha 1 antitrypsin deficiency  □ Bronchiectasis □ Hyperventilation □ Respiratory Failure  □ PCD □ Dysfunctional Breathing □ Lung Cancer  □ ABPA □ Pneumonia □ Hyperventilation  □ OSA □ IPF □ IP (Idiopathic Interstitial Pneumonia)  □ NSIP □ Sarcoidosis □ ILD (Interstitial Lung Disease)  □ HP (Hypersensitivity Pneumonitis) □unknown/other |

**Significant Comorbidities**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Vascular** | * PVD * ED * AAA size ……... | * TIA * CKD | | * CVA * Hypertension | |
| **Metabolic** | * Diabetes I * Hyper-Cholesterolaemia * Addison’s disease | * Diabetes II * Cachexia | | * Obesity * Liver | |
| **M/S** | * O/A (UL or LL) * Osteoporosis * Amputee (UL/LL) | * R/A * CFS(Chronic Fatigue Syndrome) * LBP(Lower back pain) | | * A/S(Ankylosing Spondylitis) * Fibromyalgia | |
| **Cardiac** | * MVD * AVD * Congenital Heart * Angina * Heart Failure   Severity……………… | * MVR * AVR * Pulmonary Hypertension * Atrial Fibrillation * CHD | | * MI * Cardiomyopathy * Cardiac Arrest * Unstable angina * Aortic stenosis   Severity……………….. | |
| **Neurological** | * MS | * Parkinsons | | * Epilepsy | |
| **Infectious Diseases** | * TB * MCAT(Moraxella Catarrhalis) | * HIV | | * Hepatitis | |
| **GI** | * Reflux * Hiatus Hernia | * Diverticulitis * Ulcerative colitis | | * Crohns Disease | |
| **Cancers** | □ Yes □ No | Please specify:……………………… | |  | |
| **Psychiatric** | * Anxiety * Personality disorder | * Depression * Dementia/Alzheimer’s | | * Bi--polar | |
| **Falls in last year** | □ Yes □ No | If Yes, how many? ………………………… | | |  |
| **Cognitive impairment** | □ Yes □ No | **Anaemia** | □ Yes □ No | | |
| **Chronic pain**  **Site of pain** | □ Yes □ No  ……………………………………………… | **Osteoporosis** | □ Yes □ No | | |
| **Chest pain on exertion** | □ Yes □ No |  |  | | |
| **Other** |  |  |  | | |

**PATIENT HISTORY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FEV1(Litres):** | | **FVC % predicted:** | | | **FEV1/FVC ratio:** | |
| **BMI:** | | **Height (m)** | | | **Weight (Kg)** | |
| **MUST Score:** | | **Patient reported MRC dyspnoea score at assessment** | □ Grade 1 □ Grade 2 □ 3  □ Grade 4 □ Grade 5 □ Not known | | | |
| **Smoking status** | □ Never smoked □ Ex-smoker  □ Current smoker | | | **Years since stopped?** | | |
| **Pack Years** |  | | | **How many a day?** | | |
| **Home O2**  **at time of assessment** | □ NIV □ CPAP □ None | | | **Alcohol (units per week)** | | |
| **Delivery of Oxygen** | □ Concentrator □ Cylinders  □ Ambulatory | | | **Flow Rate** | | |
| **Duration** | | |
| **Vaccinations** | □ Influenza Yes/No/Declined/NK  □ Pneumonia Yes/No/Declined/NK | | | **Date**  **Date** | | |
| **Hospital Days** (last 12months) |  | | | **Exacerbations** (last 12months) | | |
| **Problems** | □ Cough □ Fatigue □ Muscle Weakness  □ Pain □ Panic Attacks □ Shortness of Breath  □ Sputum Retention □ Fear / Panic □ Low Mood  □ Reduced exercise tolerance | | | | | |
| **Problem Activities**  (only 4) | □ Walking □ Climbing Stairs □ Carrying the Shopping  □ Gardening □ Washing and Dressing □ Housework  □ Walking up Hill □ Drying After Bath/Shower □ In and Out of the Bath  □ DIY □ Bending | | | | | |
| **Exercise Behaviour** | □ No previous exercise experience  □ Currently undertakes exercise  □ Exercised previously but not currently  □ Other: …………………………………………………. | | | | | |
| **Hobbies/**  **Leisure** |  | | | | | |
| **Do you take regular physical activity of at least 3 bouts of 10 minutes X 5 times a week? (or equivalent eg.150 minutes over 7 days).** | | | | | | □ Yes □ No |
| **Issues for action by GP [see RBH letter]** | □ Nutrition/Weight/MUST score  □ Psychological welling (anxiety/depression/suicidal ideation)  □ Oxygen requirements (patient referred/patient refused referral)  □ Other: Smoking cessation  Blood pressure high/low  Influenza/Pneumonia vaccinations  **[other]** | | | | | |
| **Referrals to be made by PR team:** | □ Smoking Cessation □ Dietitian  □ Nurse Consultant □ Consultant Pharmacist  □ OT □ Physiotherapist  □ Social Services □ ***Support for carers?***  □ ***Sleep specialist (NB driving)*** | | | | | |

|  |
| --- |
| **Any exercise considerations to be aware of:**  **Goals/Objectives:**  **1.**  **2.**  **3** |

Signature:

**Walking Tests**

|  |  |  |  |
| --- | --- | --- | --- |
| **Visit** | **Initial Ax** |  | **Discharge Ax** |
| **Date** |  |  |  |
| **Walking aid used in tests** |  |  |  |
| **Resting BORG** |  |  |  |
| **Resting Heart Rate** |  |  |  |
| **Resting SpO2** |  |  |  |
| **Resting BP** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **ISWT or 6MWT** | **Practice Ax** | **Initial Ax** | **Discharge Ax** |
| **Distance (metres)** |  |  |  |
| **End Heart Rate** |  |  |  |
| **End SpO2** |  |  |  |
| **End BP** |  |  |  |
| **End BORG Breath** |  |  |  |
| **End BORG Exertion** |  |  |  |
| **Any O2 used?** |  |  |  |
| **Flow Rate** |  |  |  |
| **Reason for termination** |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ESWT\*** | | | | **Ax 1** | | | | **Ax 2** | | | | **Discharge Ax** | | | |
| **Speed** | | | |  | | | |  | | | |  | | | |
| **Level** | | | |  | | | |  | | | |  | | | |
| **Time (in seconds)** | | | |  | | | |  | | | |  | | | |
| **End Heart Rate** | | | |  | | | |  | | | |  | | | |
| **End SpO2** | | | |  | | | |  | | | |  | | | |
| **End BP** | | | |  | | | |  | | | |  | | | |
| **End BORG Breath** | | | |  | | | |  | | | |  | | | |
| **End BORG Exertion** | | | |  | | | |  | | | |  | | | |
| **Any O2 used?** | | | |  | | | |  | | | |  | | | |
| **Flow Rate** | | | |  | | | |  | | | |  | | | |
| **Reason for termination** | | | |  | | | |  | | | |  | | | |
|  | | | |  | | | | Signature: | | | | Signature: | | | |
|  | | | |  | | | |  | | | |  | | | |
|  | | | |  | | | |  | | | |  | | | |
| **PRE** | **1** | **2** | **3** | | **4** | **5** | **6** | | **7** | **8** | **9** | | **10** | **11** | **12** |
| **1** |  |  |  | |  |  |  | |  |  |  | |  |  |  |
|  | **1** | **2** | **3** | | **4** | **5** | **6** | | **7** | **8** | **9** | | **10** | **11** | **12** |
| **2** |  |  |  | |  |  |  | |  |  |  | |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **D/C** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |

**\***The ESWT must initially be performed on ***two occasions*** to account for a learning effect. The ***best time*** walked in seconds is recorded. If performed on the same day as the ISWT only one test is required. If the two tests are performed on the same day at least 30 minutes rest should be allowed between tests. Some pts may require tests to be performed on separate days.

**Strength Readings**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dominant Leg: R / L** | |  |  | | |
| **Initial Ax** | |  | **Discharge Ax** | | |
| **Pre 1** | **Pre 2** | **Pre 3** | **Post 1** | **Post 2** | **Post 3** |
|  |  |  |  |  |  |

**Health Status Measures**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **PRE** | **POST** |  | **PRE** | **POST** |
| **SGRQ** | **/100** | **/100** | **K- BILD Psychological** |  |  |
| **CRQ Dyspnoea average score** | **/7** | **/7** | **K- BILD Chest Symptoms** |  |  |
| **CRQ Fatigue average score** | **/7** | **/7** | **K- BILD Breathlessness & Activities** |  |  |
| **CRQ Emotion average score** | **/7** | **/7** | **K- BILD Total Score** | **/100** | **/100** |
| **CRQ Mastery average score** | **/7** | **/7** | **HADS Anxiety** | **/21** | **/21** |
| **CAT** | **/40** | **/40** | **HADS Depression** | **/21** | **/21** |
| **PRAISE** | **/60** | **/60** | **BCKQ** | **/65** | **/65** |

**DISCHARGE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Discharge assessment performed?**  □ Yes □ No | | | **Discharge Assessment**  **date:** | |
| **Completed programme?**  □ Yes □ No | **If no, reasons did not complete**  □ Died □ Co-morbidities □ Became unwell □ DNA F/U □ Referred elsewhere □ Transport □ Psycho-social problems □ No contact  Other ……………………………………………….. | | | |
| **If yes, patient reported MRC dyspnoea score at discharge** | | □ Grade 1 □ Grade 2 □ Grade 3  □ Grade 4 □ Grade 5 □ Not known | | |
| **Written discharge exercise plan provided?** | | | | □ Yes □ No |
| **Referred to community exercise scheme** | | | | □ Yes □ No |
| **Patient satisfaction questionnaire completed** | | | | □ Yes □ No |

|  |
| --- |
| Comments for discharge report:  Signature: |

**Medication**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** |  | | |  | | |
|  | | | **Dose** |  |  | **Dose** |
| **SABA** | | * Salbutamol (Ventolin) * Terbutaline (Bricanyl) |  | **ACE INHIBITOR** | * Enalapril * Lisinopril * Perindopril * Ramipril * Other |  |
| **SAMA**  **LABA/LAMA** | | * Ipratropium (Atrovent) * Duaklir * Spiolto | 340/12 BD  2.5/2.5 x2 OD | **ARB** | * Candesartan * Losartan * Valsartan * Olmesartan * Other |  |
| **LABA** | | * Salmeterol (Serevent) * Formeterol (Oxis) |  | **BETA BLOCKER** | * Bisoprolol * Carvedilol * Atenolol * Other |  |
| **LAMA** | | * Tiotropium (Spiriva) * Aclidinium (Eklira) |  | **antianginals** | * ISMN * ISDN * GTN * Nicorandil |  |
| **ICS** | | * Flucticasone (Flixotide) * Budesonide (Pulmicort) * Becomethasone (qvar, clenil) |  | **DIURETICS** | * Bumetanide * Furosemide * Bendro   flumethazide   * Metolazone * Thiazide * Other |  |
| **ICS/LABA** | | * Seretide * Symbicort * Fostair * Spiromax * Spiromax | 320/0 BD  160/4.5 BD | **aldosterone antagonist** | * Eplerenone * Spirono-lactone |  |
| **PHOSPHODIESTER-ASE INHIBITOR** | | * Rofulmast (Daxas) * Theophyline (uniphillin, Nuelin) * Aminophylline |  | **ANTI- PLATELET/ Coagulant** | * Aspirin * Warfarin * Clopidogrel * Prasugrel * Ticagrelor * Other |  |
| **ORAL STEROIDS** | | * Prednisolone |  | **ANTI-ARRHYTHMICS** | * Digoxin * Amiodarone * Other |  |
| **MUCOLYTICS** | | * Sodium Chloride * Carbocisteine * Mecysteine |  | **CALCIUM CHANNEL BLOCKERS** | * Amlodipine * Felodipine * Diltiazem * Verapamil |  |
| **ILD MEDICATION** | | * N-acetlcysteine * Azathioprine * Pirfenidone * Nintedanib |  | **STATIN** | * Atorvastatin * Pravastatin * Rosuvastatin * Simvastatin * Other Therapy for Lipids ……………….. |  |
| **ANTI-DEPRESSANTS/**  **ANXIOLYTICS** | | * Paroxetine * Fluoxetine * Citalopram * Lorazepam * Diazepam |  | **DIABETIC DRUGS** | * Metformin * Sulphonylurea * Glimepiride * Insulin * Other current Diabetes Therapy |  |
| **ANTI-OSTEOPOROSIS** | | * Aledronic Acid (Fosamax) * Risedronate (Actovel) * Calcium preparation |  | **ANTIBIOTICS** |  |  |
| **PPI / ANTI ULCER** | | * Esomeprazole * Lansoprazole * Omeprazole * Ranitidine |  |  |  |  |
| **OTHER** | |  |  |  |  |  |

**Continuation Sheet**

|  |  |  |
| --- | --- | --- |
| **Date** |  | **Signature** |
|  |  |  |