



COPD GUIDELINES FOR CARE CHECKLIST

Patient Name:		Date of Birth:			
Physician Name:					
Patient/Medical Record #:					
INTERVENTIONS	DATE	DATE	DATE	DATE	DATE
COPD Stage					
Smoking Status (Y/N) If yes: Advised to quit?; 5 "As": Ask, Advise, Assess, Assist, Arrange					
Weight/Height/BMI					
Shortness of Breath Controlled (Y/N)					
Education (√ if addressed):					
Nutrition					
Severity Adjusted Exercise					
Medication Review/Adjustment					
Spacer/Holding Chamber Technique					
Exacerbation Triggers Identified					
Exacerbation Action Plan Review					
Breathing Techniques if Appropriate (Y/N) Pursed-lip & Diaphragmatic					
	Y/N/ NA	Y/N/ NA	Y/N/ NA	Y/N/ NA	Y/N/ NA
Short Acting Beta Agonist					
Long Acting Beta Agonist					
Anticholinergic					
Inhaled Corticosteroid					
Oral Corticosteroid					
Osteoporosis Treatment					
Anxiolytic					
Antidepressant					
Smoking Cessation Aids					
Antibiotic					
Other					
ANNUAL or as INDICATED:	Results	Results	Results	Results	Results
Spirometry (FEV ₁ &/or FVC % Predicted Normal)					
ABGs (Initial and as needed)					
Pulse Oximetry (Resting)					
Pulse Oximetry with 6-minute walk or stair climb					
Oxygen Therapy Indicated (Y/N)					
Pulmonary Rehab Indicated (Y/N)					
Anxiety/Depression Screen (Positive or Negative): If positive: Validated Depression Assessment done/referral?					
Obstructive Sleep Apnea Screen					
Serum Theophylline Level					
REFERRALS (Nutrition, social services, home health, pulmonary rehab, other specialty)					
PREVENTIVE:	Date	Lot #			
Flu Vaccine (annual)					
Pneumococcal Vaccine					