Agence de la santé
et des services sociaux
de Montréal
Québec

Integrated Service Network for Persons with
Chronic Obstructive Pulmonary Disease

NURSING FOLLOW-UP TOOLS DESIGNED SPECIFICALLY FOR THE COPD CLIENTELE

November 2002
(updated: September 2006)

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COPD-specific follow-up tools
USER GUIDE

The tools developed for COPD-clientele follow-up include:

1. Checklist – COPD clinical monitoring
2. Observation notes – COPD clinical follow-up
3. Abridged geriatric depression scale
4. COPD-specific teaching plan

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1. Checklist – COPD clinical monitoring

- Tool that describes the elements to be monitored. The care provider is given a copy for his or her personal use (does not go in the client's medical record).
- Essential, if the person is on oxygen → elements that must be evaluated at each visit or each shift.
- Additional monitoring: to be evaluated according to the client's situation at any given time.
- Inside pages: checklist, short description of the elements to be evaluated.

2. Observation notes – COPD clinical follow-up

- Sheet that makes it easier to write notes for the client's record.
- The elements are in the same order as on the checklist.
- This two-sided sheet is designed for use over eight (8) visits or evaluations. It must go in the record.

3. Abridged geriatric depression scale

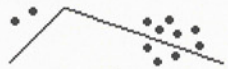
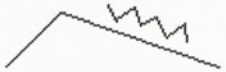
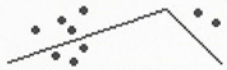
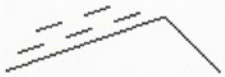
- Chart to evaluate the user's perception.

4. COPD-specific teaching plan

- These sheets include:

- A snapshot of the factors that affect the client/family's learning process;
- Nursing hypotheses or diagnoses linked to COPD follow-up.
- Write → ☑ (for items that the client/family accepts or considers a priority)
  ☑ (for items that the care provider considers a priority)
- The topics that are likely to be taught to the client, as well as the results achieved. The topics are taken from the "*Mieux vivre avec une MPOC*" (Living with COPD) tool, and are in the same order as the "*Planchette d'enseignement*" (Teaching slate).
- The topics to be taught must meet with the client's agreement.
- These sheets are used for four (4) visits or the duration of the person's hospital stay.
- Dates / Results: the date and results are to be recorded according to the following code:
  A = achieved F = to be followed NA = not achieved, abandoned (a note is required in the record).
- The professional initials the bottom of the page at each visit. The professional furthermore provides his or her name in full and professional title upon completion.

Adventitious or Abnormal Sounds

Rhonchi	 (Bronchial inflammation)	Rumbling sounds, low or bass tones, moves or is modified by cough. Localised or diffused sounds.
Wheezing	 (↓ bronchial diameter vs. spasm or inflammation or secretions)	High-pitched sound or high wheezing and musical. Localised or diffused sounds.
Crackles	 (Fluid in bronchiole/alveoli)	Dry sound (fire cracking) not modified by cough. Localised or diffused sounds.
Pleural rub		Crackling sound, not modified by cough. Localised at problem area.

MEDICATION RECAPITULATION TABLE

Bronchodilators			
By inhalation	Anticholinergics • Short-acting • Long-acting	✓ Atrovent ✓ Spiriva	
	$Beta_2$-agonists • Short-acting	✓ Ventolin ✓ Bricanyl ✓ Airomir	✓ Berotec ✓ Maxair
	• Long-acting	✓ Serevent ✓ Oxeze	✓ Foradil
	Combination of two agents	✓ Combivent	
Tablets	Theophylline	✓ Theo-Dur ✓ Phyllocontin ✓ Quibron TSR ✓ Choledyl SA	✓ Theolair ✓ Slo-Bid ✓ Somophylline ✓ Uniphyl
Anti-inflammatory: corticosteroids			
By inhalation		✓ Beclovent ✓ Vanceril	✓ Flovent ✓ Pulmicort ✓ Asthmacort
Tablets		✓ Prednisone	✓ Deltasone
Combination of bronchodilator and corticosteroid			
By inhalation		✓ Symbicort	✓ Advair

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QUICK REFERENCE GUIDE
CLINICAL NURSING ASSESSMENT
COPD

The individual's global needs must be assessed. The intervention plan is established according to the institution's nursing model.

Assessment Parameters

Imperative Assessment

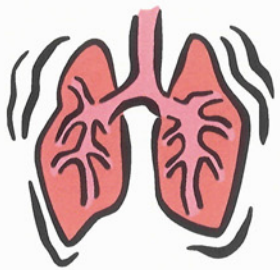
- Breathing
- Dyspnea
- Cough
- Expectoration
- Cyanosis
- Chest pain
- Edema
- Auscultation
- Signs of anxiety
- Medications
- ACTION PLAN

Additional Assessment

- Vital signs, oxygen saturation, weight
- Signs of respiratory infection
- Signs of clinical deterioration (hypoxia, hypercapnia)
- Blood glucose (if on corticosteroids)
- Depressed state

If on oxygen

- Flow
- Number of hours in use
- Active smoking (security)



In addition to clinical assessment, refer to the teaching plan.

IMPERATIVES

Breathing: respiratory rate, sounds: noisy (N), wheezing (W), supraclavical and/or intercostal recession (R) (specify the site in the file)

Dyspnea: at rest, during speech, ADL (change), IADL (change). Occurrence (day, night).
The point of comparison is the usual healthstate of the patient.

Cough: absent (Ø), dry (D), wet (W), productive (P), or non productive (NP), coughing fit (CF) hemoptysis (H), frequent (F), occasionnal (O), occurrence (day (D), night (N)).
If coughing is due to a particular activity, write a note in patient's file and describe it (after medication intake, after strain, etc.).

Expectorations :appearance: clear (C), salivary (S), mucoid (M), mucopurulent (MP), purulent (P), frothy (F), hemoptysis (H).
Colour : white(W), yellow (Y), green (G), blood tinged (BT).
Quantity: 15ml-less (+), 15-30ml (+ +), 30-100ml (+ + +), 100ml-plus (+ + + +), absent (Ø).

Cyanosis :absent (Ø), digital (D), labial (L), buccal mucosa (BM).
Write an explanory note in file and describe its triggers.

Chest pain : since when, onset (sudden, gradual), location, radiation, severity (as per scale, nature of pain (1 to 10)), duration (constant, intermittent), the cause, cause of increase, of relief.
Always write a note in the file.

Edema: absent (Ø), site: 2 lower limbs. (LL), right lower limb (RLL), left lower limb (LLL) , pitting (P), hard (H)

- (+) light; after applying a 2 finger pressure, the skin regains its elasticity after 1 second.
- (++) moderate; after applying a 2 finger pressure, the skin regains its elasticity after 2 seconds.
- (+++) severe; after applying a 2 finger pressure, the skin regains its elasticity after 3 seconds or more.

IMPERATIVES (CONTINUED)

Auscultation: clear lungs (CL) , reduced air entry or abnormal sounds (rhonchi (R), wheezing (W), crackles (C), pleural rub (PR).

If encountering any difficulty in describing auscultation result write a ? with a note in the file.

Signs of anxiety : mild (M) may recognize his/her anxiety; moderate (M) difficulty to concentrate, severe (S) unable to link information received, panic (P) unable to communicate or to function.

Specific medication: takes adequately (A), takes inadequately (I) → refer to note in the chart, additionnal medication→ refer to action plan and note in the chart.

IF OXYGEN

Flow = litres/min., number of hours in use = hrs/24 hrs., room air oxygen saturation (RA) and with O_2, active smoking (number of cigarettes/day), security. If security problem, write a note in the file.

ADDITIONAL ASSESSMENT

Signs of respiratory infection: increase in dyspnea, increased expectoration or absent, yellow or green expectoration, possible fever. Presence of two (2) or more symptoms: action plan.

Weight: loss, gain, monitoring: nutrition and hydratation (restriction, stimulation).

Clinical signs of deterioration : (hypoxia, hypercapnia): morning headache (H), confusion (CO), agitation (A), behaviour change (BC), diaphoresis (D), drowsiness (DR).

Blood glucose control: if on corticosteroids.

State of depression: if present, refer to the geriatric depression scale.

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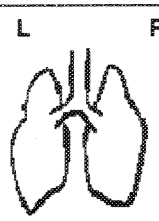
OBSERVATION NOTES
COPD NURSING FOLLOW-UP

N.B. For definitions, refer to Quick Reference Guide
It is essential to write a note in every section. **If it hasn't been evaluated, please mark the correspondent section with a dash**

		DATES & TIME			
Breathing	**Frequency** N = noisy W = wheezy R = supraclavical / intercostal recession				
Dyspnea **As per client's perception**	Ø = absent ⇧ = increased ⇩ = decreased s = same	Rest Talking ADL IADL			
Cough	Ø = absent D = dry W = wet **P** = productive NP = non productive **CF** = coughing fit H = hemoptysis **F** = frequent O = occasional **Occurence** : specify D = day N = night				
Expectoration	Ø = absent 15 ml – (+) 15-30 ml (++) 30-100 ml (+++) 100 ml + (++++) W = white Y = yellow G = green BT = blood tinged Aspect : specify				
Cyanosis	Ø = absent D = digital L = labial BM = buccal mucosa (✓) Refer to note in the file				
Chest Pain	Ø = absent On a 1 to 10 scale (✓) Refer to note in the file				
Edema	Ø = absent H = hard P = pitting Light = + Moderate = ++ Severe = +++ Site : specify (LL) (RLL) (LLL)				
Auscultation (back)	CL : clear lungs A/E↓ = reduced air entry R = rhonchi W = wheezing C = crackles PR = pleural rub				
Signs of anxiety	Ø = absent L= light M = moderate S = severe P = panic (✓) Refer to note in the file				
Specific Medication	A = takes adequately I = takes inadequately (✓) Refer to note in the file				
Oxygen	Ø = absent Rx : litres/min. Use: hrs/24hrs S = Security Saturation : R/A _____ With O_2 _____				
Clinical sings of hypoxia and hypercapnia (additional assessment)	Ø = absent H = morning headache R = restlessness D = drowsiness D = diaphoresis CO = confusion BC = behavior change (✓) Refer to note in the file				

Date	*Nurse's signature*	Date	*Nurse's signature*

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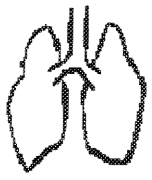
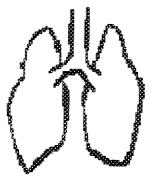
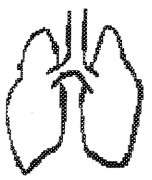
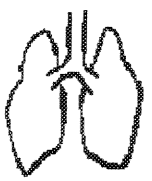
Auscultation (back)	CL : clear lungs A/E⇩ = reduced air entry R = rhonchi W = wheezing C = crackles PR = pleural rub	L R 	L R 	L R 	L R 
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Date	*Nurse's signature*	Date	*Nurse's signature*

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File # : _____ D.N.N _____/_____/_____

_____
Name at birth

_____
First name

GERIATRIC DEPRESSION SCALE

Yesavage, J.A., Brink, T.L., Rose, T.L., Lum, O., Huang, V., Adey, M., & Leirer, V.O.
This scale is in the public domain.

	DATES							
Choose the best answer for how you felt over the last week.	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
1. Are you basically satisfied with your life ?	0	1	0	1	0	1	0	1
2. Have you dropped many of your activities and interests ?	1	0	1	0	1	0	1	0
3. Do you feel that your life is empty ?	1	0	1	0	1	0	1	0
4. Do you often get bored ?	1	0	1	0	1	0	1	0
5. Are you in good spirits most of the time ?	0	1	0	1	0	1	0	1
6. Are you afraid that something bad is going to happen to you ?	1	0	1	0	1	0	1	0
7. Do you feel happy most of the time ?	0	1	0	1	0	1	0	1
8. Do you often feel helpless ?	1	0	1	0	1	0	1	0
9. Do you prefer to stay at home, rather than going out and doing things ?	1	0	1	0	1	0	1	0
10. Do you feel you have more problems with memory than most ?	1	0	1	0	1	0	1	0
11. Do you think it is wonderful to be alive now ?	0	1	0	1	0	1	0	1
12. Do you feel pretty worthless the way you are now ?	1	0	1	0	1	0	1	0
13. Do you feel full of energy ?	0	1	0	1	0	1	0	1
14. Do you feel that your situation is hopeless ?	1	0	1	0	1	0	1	0
15. Do you think that most people are better off than you are ?	1	0	1	0	1	0	1	0
TOTAL	/		/		/		/	
Do you think of harming yourself or killing yourself ?	Yes	No	Yes	No	Yes	No	Yes	No
If yes, do you intend to do so ?	Yes	No	Yes	No	Yes	No	Yes	No
Do you often feel scared, apprehensive ?	Yes	No	Yes	No	Yes	No	Yes	No
Are you being plotted against ?	Yes	No	Yes	No	Yes	No	Yes	No
TOTAL	/		/		/		/	
Initials								

Init.	*Signature / Professional's Title*	Init.	*Signature / Professional's Title*

Result : > 5 → is suggestive of depression and should warrent a follow-up interview
> 10 → are almost always depression, reference

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dossier : _____ D.N.N ____/____/____

_____
Nom à la naissance

_____
Prénom

ÉCHELLE DE DÉPRESSION GÉRIATRIQUE ABRÉGÉE

Yesavage, J.A., Brink, T.L., Rose, T.L., Lum, O., Huang, V., Adey, M., & Leirer, V.O.
Traduction française par : Bourque, Blanchard et Vézina (1990).

DATES			

Choisissez la réponse exprimant le mieux comment vous vous sentiez au cours de la semaine passée.	Oui	Non	Oui	Non	Oui	Non	Oui	Non
1. Êtes-vous fondamentalement satisfait(e) de la vie que vous menez ?	0	1	0	1	0	1	0	1
2. Avez-vous abandonné un grand nombre d'activités et d'intérêts ?	1	0	1	0	1	0	1	0
3. Est-ce que vous sentez un vide dans votre vie ?	1	0	1	0	1	0	1	0
4. Vous ennuyez-vous souvent ?	1	0	1	0	1	0	1	0
5. Avez-vous, la plupart du temps, un bon moral ?	0	1	0	1	0	1	0	1
6. Craigniez-vous qu'il vous arrive quelque chose de grave ?	1	0	1	0	1	0	1	0
7. Êtes-vous heureux/heureuse la plupart du temps ?	0	1	0	1	0	1	0	1
8. Éprouvez-vous souvent un sentiment d'impuissance ?	1	0	1	0	1	0	1	0
9. Préférez-vous rester chez vous au lieu de sortir pour faire de nouvelles activités ?	1	0	1	0	1	0	1	0
10. Avez-vous l'impression d'avoir plus de problèmes de mémoire que la majorité des gens ?	1	0	1	0	1	0	1	0
11. Pensez-vous qu'il est merveilleux de vivre à l'époque actuelle ?	0	1	0	1	0	1	0	1
12. Vous sentez-vous plutôt inutile dans votre état actuel ?	1	0	1	0	1	0	1	0
13. Vous sentez-vous plein(e) d'énergie ?	0	1	0	1	0	1	0	1
14. Avez-vous l'impression que votre situation est désespérée ?	1	0	1	0	1	0	1	0
15. Pensez-vous que la plupart des gens vivent mieux que vous ?	1	0	1	0	1	0	1	0
TOTAL	/		/		/		/	
Pensez-vous à vous suicider ou à vous faire du tort ?	Oui	Non	Oui	Non	Oui	Non	Oui	Non
Si oui, avez-vous l'intention de le faire ?	Oui	Non	Oui	Non	Oui	Non	Oui	Non
Sentez-vous souvent la peur ou l'appréhension ?	Oui	Non	Oui	Non	Oui	Non	Oui	Non
Y a-t-il des complots contre vous ?	Oui	Non	Oui	Non	Oui	Non	Oui	Non
TOTAL	/		/		/		/	
Initiales								

Init.	*Signature / Titre du professionnel*	Init.	*Signature / Titre du professionnel*

Résultat : > 5 → possibilité état dépressif, assurer le suivi
> 10 → référer

COPD SPECIFIC TEACHING PLAN

Note → ☑ (item prioritized or accepted by client/family)
I (item prioritized by health professional)

Results → A= achieved F= to be followed
NA = not achieved, withdrawn, note to the file

SUBJECTS / GOALS	RESULTS (A, F, NA) DATES			
☐ __ Energy Conservation				
❒ The client/family demonstrates three (3) strategies to conserve energy				
☐ __ Relaxation				
❒ The client/family describes the anxiety-breathlessness cycle				
❒ The client/family identifies three (3) strategies to break the anxiety-breathlessness cycle				
❒ The client/family explains two (2) relaxation techniques				
☐ __ Lifestyle				
❒ The client/family explains the importance of good nutrition/hydratation				
❒ The client/family gives examples of well-balanced meals				
❒ The client/family gives three (3) personal advantages resulting from exercising				
❒ The client/family indicates two (2) methods used to enhance breathing during sexual activities				
❒ The client/family lists three (3) strategies he/she uses to promote a good night sleep				
❒ The client/family enumerates two (2) precautions to be taken before travelling				
☐ __ Action Plan				
❒ The client/family can indicate phone numbers and names of persons to be reached				
❒ The client/family identifies the medication to be taken regularly				
❒ The client/family describes what to do when his/her condition is stable and when it is deteriorating				
❒ The client/family describes symptoms of respiratory infection				
❒ The client/family identifies the medications to be taken when symptoms worsen				
☐ __ Vaccination				
❒ The client/family proves that he/she been vaccinated against the flu				
❒ The client/family proves that he/she has been vaccinated against pneumococcus				
☐ __ Oxygen Therapy				
❒ The client/family explains the reasons for using oxygen				
Initials				

Dates	*Signature / Title of the professional*	Dates	*Signature / Title of the professional*

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Québec

Record #: _____ D.B. ____/____/____

Family name at birth

Name

COPD-SPECIFIC TEACHING PLANNING

FACTORS THAT AFFECT THE ADOPTION AND MAINTENANCE OF THE DESIRED HEALTH-RELATED BEHAVIOUR

Predisposing factors

- The person's knowledge and beliefs with regard to his or her health condition (what the person knows and believes).
- The person's motivation, emotional state, behaviour and personal values (Is the person willing to learn? Does he or she want to learn?).
- The person's confidence in his or her ability and in the results.

_____
_____
_____

Facilitating factors (FF) / Obstacles (O)

	FF	O		FF	O
Understanding	❒	❒	Ability to read	❒	❒
Concentration	❒	❒	Hearing	❒	❒
Judgment	❒	❒	Dexterity	❒	❒
Memory	❒	❒	Language	❒	❒
Communication skills	❒	❒	Culture	❒	❒
Ability to influence those around him or her	❒	❒	Financial means	❒	❒
			Living environment	❒	❒
Vision	❒	❒	Access to services	❒	❒

Other: _____
_____
_____

Reinforcing factors

- Sources of support (spouse, family, peers, professionals, groups).

_____

- Benefits, what is important for the client (better effort tolerance, fewer trips to emergency, etc.)

_____
_____
_____

Teaching provided to ❒ Client ❒ Informal caregiver

❒ Other (specify) _____

Problem(s) identified by the client/family:

_____

_____

_____

_____

Nursing hypotheses or diagnoses linked to COPD follow-up

❒	1-	Deterioration of health condition linked to lack of knowledge about the disease.
❒	2-	Trouble breathing linked to smoking.
❒	3-	Difficulty controlling the disease linked to inappropriate medication use.
❒	4-	Inability to manage the disease effectively due to: ❒ insufficient knowledge of the action plan; ❒ inability to implement the action plan; ❒ insufficient knowledge regarding the effects of vaccination (flu, pneumococcus) ; ❒ no vaccination.
❒	5-	Difficulty breathing linked to: ❒ insufficient knowledge regarding anxiety's effect on shortness of breath; inappropriate use of: ❒ effective techniques to regulate breathing; ❒ effective positions to reduce shortness of breath; ❒ controlled coughing techniques; ❒ relaxation techniques.
❒	6-	Exertion intolerance linked to: ❒ inappropriate use of energy-saving techniques; ❒ lack of physical activity.
❒	7-	Breathing difficulties linked to environmental factors.
❒	8-	Inability to manage the disease effectively due to living habits: ❒ nutrition ❒ sexual activity ❒ exercise ❒ travel ❒ sleeping pattern
❒	9-	Disruption of gaseous exchange linked to incorrect use of oxygen therapy.
❒	10-	Other _____ _____ _____

Signature: _____ ___/___/___
A M D

N.B. 1. The objectives and results linked to COPD follow-up are in the teaching plan / intervention plan.
2. Interventions are teaching interventions.
3. For all other hypotheses, objectives, interventions and results, please see the overall intervention plan.

COPD SPECIFIC TEACHING PLAN

Note → ☑ (item prioritized or accepted by client/family)
I (item prioritized by health professional)

Results → A= achieved F= to be followed
NA = not achieved, withdrawn, note to the file

DATES			

SUBJECTS / GOALS	RESULTS (A, F, NA)			
☐ __ **Anatomy and Physiology**				
The client/family explains what happens when there is damage to his/her lungs.				
☐ __ **Smoking Cessation**				
The client/family describes the effects of smoking on lung functions				
The client/family gives three (3) strategies to stop smoking				
☐ __ **Environmental Factors**				
❒ The client/family names five (5) factors that can make his/her symptoms worse				
❒ The client/family describes five (5) strategies to control factors that makes his/her symptoms worse				
☐ __ **COPD Medication**				
❒ The client/family explains the effects of his/her specific medication				
❒ The client/family lists the side effects of his/her specific medication				
❒ The client/family describes the administration sequence for his/her inhalers				
❒ The client/family demonstrates the steps to be followed while using his/her inhaler				
❒ The client/family applies the steps to follow when using his/her spacing device				
❒ The client/family shows how he/she is doing the maintenance of his/her spacing device				
☐ __ **Breathing Techniques**				
❒ The client/family describes the importance of the breathing techniques				
❒ The client/family shows an efficient technique for breathing through pursed lips				
❒ The client/family demonstrates an efficient technique for diaphragmatic breathing				
☐ __ **Position to Reduce Shortness of Breath**				
❒ The client/family demonstrates an efficient sitting position to reduce shortness of breath				
❒ The client/family shows an efficient standing position to reduce shortness of breath				
☐ __ **Controlled Cough Technique**				
❒ The client/family identifies two (2) advantages of using the controlled cough technique				
❒ The client/family demonstrates an efficient controlled cough technique				

CONTINUED ON REVERSE

COPD SPECIFIC TEACHING PLAN

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COPD SPECIFIC TEACHING PLAN

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DATES			

SUBJECTS / GOALS	RESULTS (A, F, NA)			
☐ __ Energy Conservation				
☐ The client/family demonstrates three (3) strategies to conserve energy				
☐ __ Relaxation				
☐ The client/family describes the anxiety-breathlessness cycle				
☐ The client/family identifies three (3) strategies to break the anxiety-breathlessness cycle				
☐ The client/family explains two (2) relaxation techniques				
☐ __ Lifestyle				
☐ The client/family explains the importance of good nutrition/hydratation				
☐ The client/family gives examples of well-balanced meals				
☐ The client/family gives three (3) personal advantages resulting from exercising				
☐ The client/family indicates two (2) methods used to enhance breathing during sexual activities				
☐ The client/family lists three (3) strategies he/she uses to promote a good night sleep				
☐ The client/family enumerates two (2) precautions to be taken before travelling				
☐ __ Action Plan				
☐ The client/family can indicate phone numbers and names of persons to be reached				
☐ The client/family identifies the medication to be taken regularly				
☐ The client/family describes what to do when his/her condition is stable and when it is deteriorating				
☐ The client/family describes symptoms of respiratory infection				
☐ The client/family identifies the medications to be taken when symptoms worsen				
☐ __ Vaccination				
☐ The client/family proves that he/she been vaccinated against the flu				
☐ The client/family proves that he/she has been vaccinated against pneumococcus				
☐ __ Oxygen Therapy				
☐ The client/family explains the reasons for using oxygen				
Initials				

Dates	*Signature / Title of the professional*	Dates	*Signature / Title of the professional*

Agence de la santé
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