

Phone Assessment for COPD



Instructions: Use this phone assessment in conjunction with the Zones Sheet to check-in with home care clients. Take your time going through the questions and adapt to individual needs.



DIVERT-CARE CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) PHONE ASSESSMENT INCLUDES:

- How have you been **feeling** since we last spoke?
- Can you tell me which **colour zone** from your COPD action you are in today?
- Did you need to use more **rescue/blue inhalers** (oxygen if applicable) since I saw you last?
- Is there any change in your **breathing**?
- Can you do your **usual activities** during the day?
- Are you having any **chest pain**? Is this new? Is it more frequent?
- Any changes in your **sputum** (amount, colour, consistency)?
- What is your **appetite** like? Is that a change for you?
- Have you had any difficulty with taking your **medications**?
- Have you had to **call your doctor** for any reason since we last spoke? Have you been to the ED since we last spoke?
- Have any of your **medications changed** since we last spoke?



For more information on COPD, visit <https://www.lung.ca/>

Comprehensive Assessment/Reassessment Home Visit for COPD

Instructions: Use this comprehensive assessment in conjunction with the Zones Sheet to check-in with home care clients. Take your time going through the questions and adapt to individual needs.



DIVERT-CARE CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) COMPREHENSIVE ASSESSMENT INCLUDES:

- **VITAL SIGNS** – Check temperature, BP, HR, RR, and O2 Saturation (rest and activity).
- **CHEST AUSCULTATION** - Assess respiratory status (includes respiratory rate, depth, rhythm and use of accessory muscles).
- **COUGH** - What is the sputum color? Has there been an increase in the amount of sputum?
- **SOB** – Determine Baseline: At rest; With exertion; Ability to speak full sentences. Is there any increase from baseline? Assess level of dyspnea at rest and with activity (MRC breathless scale can be used).
- **Use of Oxygen** – Note the rate of flow, on demand and as needed use.
- **ORTHOPNEA** – Determine Baseline. Is there any increase from baseline? Increased use of pillow? Do they need to sleep in a chair?
- **APPETITE** – Determine Baseline - Poor; Fluctuates; Good. Is there any decrease from baseline? Are they meeting their caloric needs?
- **WEIGHT** - Check for any fluctuations in weight.
- **ENERGY LEVEL** – Determine Baseline - Inactive; Able to complete ADLs/IADLs; Active outside of home. Is there any decrease from baseline?
- **SMOKING CESSATION**



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