

Problem list and diagnosis			
DECAF score		Exacerbation frequency/ year	
Ex-smoker <input type="checkbox"/>	Current smoker <input type="checkbox"/>	Pack years	Industrial exposure
Last sputum culture		Date	FEV1% predicted
Acute Treatment Antibiotic		First line	Second line
Sputum sent Y / N		Date sent	Result
Nebulised bronchodilators YES / NO		Maintenance Inhalers changed YES / NO	
Prednisolone day		Any side effects? (check BMs)	
Current diuretic: None <input type="checkbox"/> Drug (dose):			
Diuretic prior to admission: None <input type="checkbox"/> Drug (dose):			
Oxygen YES / NO	If yes, Venturi mask (most patients) <input type="checkbox"/>	FiO2: %	Nasal Cannulae <input type="checkbox"/> flow rate: l/min
Target sats 88-92%			
Carbocisteine YES / NO		Tinzaparin YES / NO	Chest physio YES / NO
Other			
Chronic Treatment Annual 'flu vaccine YES / NO Pneumococcal vaccine YES / NO			
Inhaler technique adequate YES / NO If no, consider new inhaler:			
Unmet psychological need YES / NO			
HADS score A / D		Referral to health psychology YES / NO	
Increase in care package required YES / NO		Adult social care contacted YES / NO	OT contacted YES / NO
Unmet nutritional needs YES / NO		Referral to dietician YES / NO	
Exacerbation recognition and self-management education delivered YES / NO			
Importance of activity and pulmonary rehab discussed YES / NO			
Smoking cessation offered YES / NO / Not applicable		NRT prescribed YES / NO / Not applicable	
Other			
Provisional discharge date			

Signature: _____ Print: _____ Grade: _____ ID (NMC/GMC) _____