

COPD Discharge Bundle

Affix Patient Label:

Must be completed prior to discharge by a Healthcare Professional

Medication	Medication review <input type="checkbox"/>
	Inhaler technique checked <input type="checkbox"/> Inhaler technique adequate <input type="checkbox"/>
Referral to COPD Outreach Service	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Self-Management Plan	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Rescue Pack	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Referral to Pulmonary Rehabilitation Programme	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
	Declined <input type="checkbox"/> Already completed <input type="checkbox"/>
Referral to Smoking Cessation Service	Yes <input type="checkbox"/> No <input type="checkbox"/> Declined <input type="checkbox"/> N/A <input type="checkbox"/>
Follow up for review arranged	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
	Please State: _____ (Consultant, Advanced Nurse Practitioner, GP, Clinical Nurse Specialist)
Print Name: _____ Registration Number: _____	
Signature: _____ Date: _____	

The National Clinical Programme for COPD recognises that local services may alter the contents of this Acute Management Bundle to fit with local need