

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"/>
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"/>
Integrated Respiratory Care:	
Referral to COPD Outreach	Yes <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 review arranged	Yes <input type="checkbox"/> No <input type="checkbox"/>
* Ideally patient should be considered for GP delivered chronic disease management.	Please State: _____
Print Name: _____ Registration Number: _____ Signature: _____ Date: _____	