

Affix patient label within this box

COPD Admission to Discharge Checklist

| Admission Date <i>(yyyy-Mon-dd)</i> | Time <i>(hh:mm)</i> | | | |
|--|---------------------|----|-----|---------|
| Activity | Completed | | | Initial |
| | Yes | No | N/A | |
| Patient Education | | | | |
| 1. Provide 'Patient Education Resource Package' – Review with patient/care giver | | | | |
| a) COPD Medications | | | | |
| b) Inhaler Technique | | | | |
| c) COPD: Learning to Breathe Easier | | | | |
| d) COPD: Avoiding Your Triggers | | | | |
| e) Pneumococcal / Influenza Vaccines | | | | |
| f) Tobacco use; assess, provide brief intervention, and tobacco cessation support resources. | | | | |
| Patient Demonstration | | | | |
| 2. Patient demonstrates adequate inhaler technique | | | | |
| Prior to Discharge <i>Review results, where relevant, and ensure appropriate follow-up</i> | | | | |
| 3. Early mobilization <i>(done within 48 hours by any discipline)</i> | | | | |
| 4. Review and optimize respiratory medication | | | | |
| 5. Respiratory Therapist informed of patient admission | | | | |
| 6. Respiratory assessment for home oxygen requirements | | | | |
| 7. Malnutrition screen and dietitian referral if required | | | | |
| 8. Frailty screen | | | | |
| 9. Cognitive screen | | | | |
| 10. Transition/Discharge services assessment | | | | |
| At Discharge | | | | |
| 11. Complete discharge medication reconciliation | | | | |
| 12. Complete 'LACE Index Scoring Worksheet' <i>(Form 21046)</i> to identify risk of hospital readmission; circle result on Discharge Management Plan <i>(Form 21046)</i> | | | | |
| 13. Complete, review and provide patient with 'Discharge Management Plan' <i>(Form 21046; ensure adequate patient understanding)</i> | | | | |
| 14. Assess and refer to pulmonary rehabilitation if patient agreeable, ambulatory, and meets local criteria | | | | |
| 15. Notify Primary Care Provider of patient discharge | | | | |
| 16. Arrange Primary Care Provider follow-up within 2 weeks (14 days) of discharge | | | | |
| 17. Provide Primary Care Provider with Discharge Summary and Discharge Management Plan <i>(including designated supportive living, and home care, where appropriate)</i> | | | | |
| Additional Comments | | | | |
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