

Chronic Obstructive Pulmonary Disease (COPD) Care Management Assessment

The questions in this brochure, based on the 2010 Global Initiative for Chronic Obstructive Lung Disease (GOLD) report,¹ are designed to help healthcare professionals (specifically case/care managers) assess individuals with a known diagnosis of COPD during a telephone or face-to-face interview. While all questions may be used in the order given, question sequence and selection can be adjusted to meet particular case needs. Responses to the questions can guide the healthcare professional in determining the patient's educational needs and in developing the nursing plan of care. Consider supplementing this assessment with questions covering the following topics:

- Dyspnea scale
- Readiness to change
- Barriers to learning
- Medication adherence
- Substance abuse screening
- Quality of life

For more information on these topics, refer to the Case Management Society of America (www.cmsa.org/cmag).

COPD Assessment Diagnosis and resource utilization

Has a healthcare professional ever told you that you have COPD, chronic bronchitis, or emphysema?

- Yes (check all that apply) No Uncertain
- COPD
 - Chronic bronchitis
 - Emphysema

At what age were you first told you had COPD?

____ (enter age)

In addition to COPD, do you have any of the following health conditions?

- Heart failure
- Depression
- Diabetes
- Lung cancer
- Heart disease
- Asthma
- Osteoporosis
- Sleep apnea

Who usually takes care of your COPD?

- Pulmonologist (lung doctor)
- Primary care physician

How often do you see your primary care physician for your COPD?

- Every year
- Twice a year
- Several times a year
- More than several times a year

Have you ever had a breathing test called a spirometry test?

- Yes No

If yes, did your doctor review the results of the test with you? Yes No

Do you have a written COPD action plan or treatment plan that was developed by your doctor?

- Yes No

If yes, when was it last updated?
_____(enter date)

Have you seen a pulmonologist (lung doctor) for your COPD in the past 12 months?

- Yes
- No, I didn't need to
- No, but I would have liked to
- No, my primary care physician did not suggest it

During the past 12 months, have you gone to a hospital emergency room or been admitted to the hospital because of your COPD?

- Yes No
- ER
 - Hospital
 - Both

Have you ever participated in a pulmonary rehabilitation program?

- Yes No
- As an inpatient
 - As an outpatient

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COPD signs, symptoms, and management

Which of the following COPD symptoms would you say happen on most days?

- Shortness of breath
- Coughing
- Coughing up mucus

Is there anything that makes your COPD worse?

(Check all that apply)

- Smoke
- Very cold air
- Strong odors
- Lung infection
- Traffic fumes and environmental pollutants
- Other: _____

If you feel anxiety or panic due to shortness of breath, what do you do?

- Use relaxation techniques
- Practice breathing exercises
- Take medications
- Use oxygen
- Call the doctor
- Call EMS

Has a healthcare professional talked to you about ways to cope with the anxiety or panic you may experience when you become short of breath?

- Yes
- No

Have you ever had a lung infection?

- Yes
- No

Are you aware of the possible symptoms of a lung infection?

- Yes
- No

If yes, please check any of the following that you have noticed:

- Fever
- Change in amount or thickness of mucus
- Change in color of mucus
- Increased shortness of breath

Do you take a rescue medication to catch your breath when breathing suddenly gets worse?

- Yes
- No

Do you take a maintenance medication to manage your COPD?

- Yes
- No

Do you take your maintenance medications every day?

- Yes
- No

If no, why not?

- I forget
- I don't think I need them every day
- I can't afford them
- I forget to refill my prescription

Do you use oxygen?

- Yes
- No

Is your physical activity limited by any condition?

- Yes
- No

*A rescue medication is used when you have symptoms every so often. It is used in the short-term to fend off an impending attack.

†A maintenance medication is taken every day to help control daily COPD symptoms and help you breathe easier. It may also reduce the number of times that your symptoms get worse (flare-ups).

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Patient's current health status and lifestyle

Do you have any type of exercise routine?

- Yes No

Please describe it:

- Walking
- Low-impact exercise
- Upper-body weight training
- Regular activity at a gym/fitness club
- Other: _____

How would you describe your weight?

- Normal
- Over
- Under

Have you noticed a change in your appetite in the past 6 months?

- Increase
- Decrease
- No change

Do you have any of the following that make it difficult to eat a complete meal?

- Poor or no appetite
- Feel full before meal is complete
- Shortness of breath
- Choking sensations when eating or drinking liquids

Who is responsible for your daily meal preparation?

- Self
- Spouse
- Caregiver
- Other: _____

Do you currently use tobacco products?

- Yes No

If yes, would you like assistance to quit?

- Yes
- No

Are you exposed to secondhand smoke on a regular basis?

- Yes No

Do you get an annual flu shot?

- Yes No

If no, why not?

- Did not know I needed it
- Flu shot causes the flu
- Doesn't work
- Costs too much
- Vaccine shortage
- Allergy to vaccine and/or eggs
- Afraid of pain
- Can't get to a place that gives them

Have you had a pneumonia shot?

- Yes No

If yes, please provide the following:

Date initial: _____

Date booster: _____

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Assessing caregiver support

Do you live alone?

- Yes No

Are you able to leave your house by yourself?

- Yes No

Do you require daily help?

- Yes No

Who is your main caregiver? _____

If needed, do you have someone who can:

Take you to your doctors' appointments?

- Yes No

Help with medications, meals, housekeeping, grocery shopping, or laundry?

- Yes No

Provide emotional support (companionship, social activities, recreation)?

- Yes No

Help with daily activities, such as bathing, dressing, eating, or using the toilet?

- Yes No

Identifying depression in the patient

The questions below may indicate signs of depression. If 5 or more of these symptoms are present on most days for at least 2 weeks (in particular, the symptoms of "lost interest" and "feeling down"), the patient could have depression. If indicated, encourage the patient to see his or her doctor.

Have you lost interest in activities that you used to enjoy?

- Yes No

Does having lung disease make you feel down or sad?

- Yes No

Do you feel tired a lot?

- Yes No

Do you have trouble getting to sleep or staying asleep?

- Yes No

Do you have poor appetite or overeat?

- Yes No

Do you feel bad about yourself or feel like you are letting yourself or other people down?

- Yes No

Do you have trouble concentrating or making decisions?

- Yes No

Are you moving or speaking slowly, or are you fidgety or restless?

- Yes No

Do you have thoughts that things are hopeless or that you might be better off dead?

- Yes No

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Safety check

Because many seniors have more than one chronic condition, drug interactions are more likely for them. Please be aware of the following medications, which are considered high-risk drugs for older patients.²

Therapeutic class/application of drugs

(Please note that this is not an all-inclusive list.)

Analgesics

- Indomethacin
- Ketorolac
- Meperidine
- Non-COX-selective NSAIDs (eg, naproxen, oxaprozin, piroxicam)
- Pentazocine
- Propoxyphene and combination products

Antidepressants

- Cyclic antidepressants (eg, amitriptyline, doxepin)
- Fluoxetine (taken daily)

Antihistamines

- Chlorpheniramine
- Cyproheptadine
- Dexchlorpheniramine
- Diphenhydramine
- Hydroxyzine
- Orphenadrine
- Promethazine
- Tripeleminamine

Antipsychotics

- Mesoridazine
- Thioridazine

Cardiovascular drugs

- Amiodarone
- Clonidine
- Digoxin
- Dipyridamole
- Disopyramide
- Doxazosin
- Ethacrynic acid

Cardiovascular drugs (cont'd)

- Guanadrel
- Guanethidine
- Methyldopa
- Nifedipine (short-acting)
- Reserpine
- Ticlopidine

GI antispasmodics

- Belladonna alkaloids
- Clidinium/chlordiazepoxide
- Dicyclomine
- Hyoscyamine
- Propantheline

Hypoglycemics

- Chlorpropamide

Laxatives (stimulant)

- Bisacodyl
- Cascara
- Neoloid, except when used with opioids

Muscle relaxants

- Carisoprodol
- Chlorzoxazone
- Cyclobenzaprine
- Metaxalone
- Methocarbamol
- Oxybutynin

Sedative-hypnotics

- Alprazolam 2 mg
- Barbiturates (except phenobarbital)
- Chlordiazepoxide
- Chlordiazepoxide/amitriptyline
- Clidinium/chlordiazepoxide
- Clorazepate
- Diazepam
- Diphenhydramine
- Flurazepam

Sedative-hypnotics (cont'd)

- Halazepam
- Lorazepam 3 mg
- Meprobamate
- Nitrazepam
- Oxazepam 60 mg
- Quazepam
- Temazepam 15 mg
- Triazolam 0.25 mg

Other

- Amphetamines and anorexics
- Cimetidine
- Cyclandelate
- Desiccated thyroid
- Ergot mesylates
- Estrogens only (oral)
- Ferrous sulfate
- Isoxsuprine
- Methyltestosterone
- Mineral oil
- Nitrofurantoin
- Trimethobenzamide

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Case management action plan

- Refer for home care
- Refer for other support services
- Schedule doctor's appointment
- Send clinical alert to provider (eg, high-risk or patient safety issue)
- Schedule follow-up counseling/education session (individual and family)
- Plan to engage family support, or other social support systems, as necessary. Please describe:

- Other:

References

1. Global Initiative for Chronic Obstructive Lung Disease (GOLD). *Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease* [GOLD report]. Updated 2010. <http://www.goldcopd.com>.
2. Porter RS, Kaplan JL, eds. *The Merck Manual Online*. Drug categories of concern in the elderly: Table 3: High-risk drugs in the elderly. Based on: Beers MH, Porter RS, eds. *The Merck Manual*. 18th ed. Whitehouse Station, NJ: Merck & Co., Inc.; 2006. <http://www.merck.com/mmpe/sec20/ch306/ch306d.html#CHDJHFCC>.

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