NCD patient card: asthma and COPD

National ID No. | | | | | | | | | | | | | |

District:_____ **Health unit:**_____ **At enrolment: Date:** ___/___/___ **Cohort year: 20_ _** **NCD No.** | | | | | | | | |

1. Patient/Supporter/CHW details

Patient name			
Pt file #	Age	Birth m/y	☐M ☐ F
Physical address Location:	Village Subcounty:	Parish:	
Patient phone			
Supporter, relationship	Name		
	Phone		
Community health worker	Name		
	Phone		

2. Patient overview (complete at initiation and update as necessary)

Diagnoses	☐ Asthma ☐confirmed by specialist/spirometry?	Date:	☐ Allergic rhinitis	Date:
	☐ COPD ☐ confirmed?	Date:	☐ Eczema	Date:
Patient history, risk factors, comorbidities and complications	Tobacco: ☐ Never smoker ☐ Smoker ___ cigarettes or packs /day (circle) for___ # yrs ☐ Past smoker quit date: _____ ☐ Other tobacco ___ pack yrs*			
	Triggers: ☐ respiratory infection ☐ exercise ☐ weather changes ☐ seasonal allergies ☐ dust ☐ smoke/fumes ☐ animals ☐ stress ☐ other allergies			
*To calculate number of pack-years=(# cigs per day/20) X #yrs OR # packs/day X #yrs	☐ CVD risk/PCVD m/y			
HIV	☐ negative ☐ unknown ☐ **positive--year**: **ART start date**: ARVs: Unique ID: Facility:			
TB	☐ TB presumptive? Send for sputums/refer **Year TB+**: Completed TB Rx? ☐ Y ☐ N ☐ TB Rx Start date: End date:			
Mental Health	☐ depression ☐ harmful alcohol use/dependence ☐ other substance use ☐ other:…			
	LINK Other diagnoses: ☐Prior CVD ☐DM ☐Cancer ☐HTN ☐Other			

3. Drug allergies

4. Medications

5. Family history

Condition	Relation to patient	Age
☐ asthma		
☐ allergic conditions; eg. rhinitis, eczema		

6. Environmental exposures

Indoor irritants	☐ smoker in household ☐ smoke/fumes from biomass fuels ☐ Household aerosols ☐ mold ☐ dust mites
Outdoor irritants	☐ air pollutants/smoke ☐ pollen ☐ mold
Workplace irritants	☐ chemicals ☐ air pollutants/smoke

7. Follow-up status

	Date			
Stop Tx (and why code)				
Restart Tx				
Discharged				
Transfer out				
-- to where				
Lost to follow-up				
Dead				

8. Notes

9. Referral out or hospitalization/emergency history for asthma or COPD

Date	Hospital/ /Referral	Admitted Y/N	Reason for admission	Discharge diagnosis	Discharge meds	Labs	Spirometry result	Date	Hospital/ Referral	Admitted Y/N	Reason for admission	Discharge diagnosis	Discharge meds	Labs	Spirometry result

Encounter pages

NCD Reg No. ☐☐☐☐☐☐☐☐☐

Asthma and COPD CARD

Name_____

Visit date ☐Tick small box if scheduled	**Follow-up visit date**	**Ht** (cm) in box below ☐ Wt (kg) - top / BMI (kg/m²) - bottom (Circle if obese)	Respiratory rate	Blood pressure (mmHg)	SpO2/ PR	Peak Expiratory Flow Rate			Risk assessment			Limitation of daily activities	Signs and symptoms	Asthma/COPD severity (If both conditions, put severity for both)	Asthma Control	Pregnancy, RH/FP choices (family status)	Inhaled Salbutamol		Corticosteroids		Other treatment	Adherence-missed dose in last mo. (YN). If Y, why	Acute attack/Treatment given?	Refer, consult or link	Comments (incl. current plan, observations, complications and update pt history, stable/modify Rx, counselling, lab orders) *Tick box if demonstration of inhaler technique done.*	HW Name
						AM or PM	PEF in l/min (circle personal best, no symptoms)	PEF % personal best	Smoking in last yr. (**Y/N** or **Quit**)	Alcohol in last mo. (**Y/N**), # units/day	Adequate physical activity (**Y/N**)						Dose	Days/wk used	Inhaled_____	Oral_____						
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Stop reasons	Possible signs and symptoms	Symptom severity codes	Treat and refer for signs or symptoms of asthma or COPD attack	Reason for poor adherence to meds
1 Medication side effects **2** Drug interactions **3** Severe illness, hospitalization **4** Medications not working **5** Drugs out of stock **6** Formulary change **7** Other (specify)	**N**octurnal symptoms (days/wk) **S**hortness **of b**reath **D**ifficult **B**reathing **W**heezing **S**putum production **FEVER** **COUGH** **F**atigue **P**alpitations or chest pain **C**onfusion, agitation **E**dema **W**eight **L**oss	**Asthma** **Int**ermittent **Mild** persistent **Mod**erate persistent **Sev**ere persistent **COPD** **Mild** **Mod**erate **Sev**ere **V**ery **s**evere	• Severe wheezing • Severe respiratory distress • RR > 25 breaths/minute • HR ≥110 beats/min • Inability to complete sentence in 1 breath • Altered consciousness-confusion, agitation or lethargy associated with breathlessness • Exhaustion • Arrhythmia • Hypotension • Cyanosis • Silent chest • Poor respiratory effort. • SpO2 <92% on pulse oximeter, if available or worsening oxygen saturation with breathing difficulty • Haemoptysis more than 50 ml • Pleuritic chest pain • Temperature <35C	**1** Forgot **2** Asleep **3** Busy **4** Change of routine **5** Travel cost **6** Distance to clinic **7** Patient lacks finances **8** Patient lost/ran out of medication **9** Stock out **10** Toxicity/side effects **11** Feels ill **12** Pill Burden **13** Felt well **14** Depression **15** Alcohol/substance abuse **16** Stigma/disclosure concerns **17** Lack of food **18** Poor palatability **19** Patient decision **20** Other **21** Patient did not know to continue

Risk assessment codes

Waist circumference in cm
Smoking: how many cigarettes/day
Alcohol: 1 unit=half pint (237ml) of beer/lager (5% alcohol)l; 100ml wine (10% alcohol); 25ml spirits (40% alcohol)
Adequate physical activity: Y if more than 30 minutes/day x 5/ days per week (150 minutes/week). How much in minutes/week
Functional status: **W**orking, **A**mbulatory, **B**edridden
BMI Categories
<18.5: **U**nderweight 18.5-24.9: **N**ormal
≥ 25: **O**verweight ≥ 30: **O**bese

Acute attack codes

Severe
Moderate
Acute infection

Pregnancy, Reproductive health/family planning choices, family status codes

P=pregnant (refer). If **P**, EDD
BF=breast-feeding
On FP=currently using FP method
No FP=not currently using FP method (offer)

Follow-up education and support for asthma and COPD (Information on questions asked, advice/counsel given)

		DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
Educate on basics, disclosure	Basic asthma or COPD education	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Family/living situation: discuss chronic environment exposures	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Reproductive choices, pregnancy and breastfeeding	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Progression of disease	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Treatment preparation, initiation. lifestyle modification, support, monitor	Available treatment	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Lifestyle: breathing techniques	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Lifestyle: diet	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Lifestyle: physical activity	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Lifestyle: removing triggers (dust, animals, smoke)	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Lifestyle: coping strategies	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Lifestyle: tobacco cessation, reduction of harmful alcohol use	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Follow-up appointments, clinical team	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Asthma self-management: inhaler use	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Making and using a spacer	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Why complete adherence needed	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Adherence preparation, indicate visits	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Explain dose, when to take	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	What can occur, how to manage side effects	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	What to do if one forgets dose	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	What to do when travelling	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Adherence plan (schedule, aids, explain diary)	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Treatment supporter preparation	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Home-based care, support	Which doses, why missed	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	How to contact clinic	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Symptom management at home	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Caregiver booklet	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Home-based care -- specify	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Support groups	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Community support	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N