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| --- | --- |
| Community Telephone Consultation | Macintosh HD:Users:Rhys:Desktop:RHIG:RHIG Logos:NHS wales cropped.jpg |

Affix Patient Details here

 Date: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_:\_\_\_\_\_

 Nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Diagnosis:

Past Medical History:

Any new symptoms? [ ]  Yes [ ]  No Temperature [ ]  Yes [ ]  No Cough [ ]  Yes [ ]  No

Tested for COVID -19 [ ]  Yes [ ]  No Positive [ ]  Yes [ ]  No

Anyone at home who is unwell [ ]  Yes [ ]  No

Dyspnoea: [ ]  No change [ ]  Improving [ ]  Worsening [ ]  No Dyspnoea

Phelgm colour: [ ]  Clear/creamy/white/grey [ ]  Yellow [ ]  Green [ ]  Brown

[ ]  None

Amount of phlegm: [ ]  Minimal [ ]  Moderate [ ]  Large [ ]  Increasing Volume

Able to expectorate: [ ]  Yes [ ]  No

Prescribed mucolytic: [ ]  Yes [ ]  No [ ]  N/A

Wheeze: [ ]  No change [ ]  Improving [ ]  Worsening [ ]  No wheeze

Home Oxygen [ ]  Yes [ ]  No Any concerns regarding oxygen [ ]  Yes [ ]  No

NIV /CPAP [ ]  Yes [ ]  No Nebulizer [ ]  Yes [ ]  No

Managing at home: [ ]  Yes [ ]  No Any other teams involved [ ]  Yes [ ]  No

Up and about during the day: [ ]  Yes [ ]  No [ ]  Bedbound

Can wash and dress: [ ]  Yes [ ]  No [ ]  Carer support [ ]  Package of Care

Can walk to toilet/bathroom: [ ]  Yes [ ]  No [ ]  Carer support [ ]  Package of Care

Can prepare meals: [ ]  Yes [ ]  No [ ]  [ ]  Carer support [ ]  Package of Care

Mood: [ ]  Good [ ]  Low Anxiety: [ ]  None [ ]  Some [ ]  High

Compliant with inhalers: [ ]  Yes [ ]  No

Compliant with other medication: [ ]  Yes [ ]  No

Any issues with medication: [ ]  Yes [ ]  No

Smoking status: [ ]  Non-smoker [ ]  Ex-smoker [ ]  Smoker [ ]  Passive

Wants to quit?: [x]  Yes [ ]  No Smoking education given: [ ]

Knows what to do if unwell?: [ ]  Yes [ ]  No [ ]  Advised (**Advice to include paracetamol, fluids, rest, extra SABA, isolation**)

Has rescue pack: [ ]  Yes [ ]  No [ ]  Declined [ ]  Not suitable

DNAR / ACP in place: [ ]  Yes [ ]  No [ ]  Discussed (if appropriate to ask)

General advice re COVID-19 given: [ ]  Yes [ ]  No

**(Include; washing of hands / disinfecting surfaces, staying at home, limiting visitors who are unwell, who and when to contact for advice)**

Access to medical records (Verbal consent gained): [ ]  Yes [ ]  No

**Action / comments:**

**Follow-up arrangements:**

[ ]  Discharge Advice leaflets sent [ ]

[ ]  Telephone call Date of call: \_\_\_ / \_\_\_ / \_\_\_\_\_

[ ]  Needs home visit Date of visit: \_\_\_ / \_\_\_ / \_\_\_\_\_

[ ]  Needs referral on Please state: