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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?:  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: