

**Chronic Obstructive Pulmonary Disease (COPD) Discharge Bundle**

Patient Sticker

**Aim**

This discharge bundle will improve the quality of care and patient experience for all patients admitted with an acute exacerbation of COPD

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| Nursing staff please complete this form for **ALL** people admitted with an acute exacerbation of COPD.  This should be done throughout their stay and checked prior to discharge. | | | | | | |
|  | If patient is a smoker offer information and referral to smoking cessation service | Completed | Declined | N/A | Signature  Print | Date |
|  | Pulmonary Rehabilitation – physiotherapist referral at Board Round for assessment | Completed | Declined | N/A | Signature  Print |  |
|  | Written Information – “Living with COPD” CHSS Booklet . Do they have one? | Already have | Declined | Given | Signature  Print |  |
|  | Self Management Plan – provided and explained | Completed | Declined | N/A | Signature  Print |  |
|  | Rescue medications prescribed as per plan | Completed | Declined | N/A | Signature  Print |  |
|  | Satisfactory use of inhalers demonstrated by the patient and understood. | Completed | Declined | N/A | Signature  Print |  |
| 7 | Send copy of IDL to COPD nurse | Completed | Declined | N/A | Signature  Print |  |

**COPD discharge care bundle - Learning from the experiences of patients, families and carers**

This card should be completed by: a patient in hospital / a family member or carer of someone in hospital

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| What are the things that are really important to you in keeping well? |
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| Thinking about the COPD discharge bundle, what did we get right for you? |
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| Thinking about the COPD discharge bundle, how could we have made your experience during this time even better? |
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Thank you for taking the time to complete this card. This will help us to understand your requirements and how

we can improve your experience.