

## COPD (Page 1/2)

## Name Test Adult Patient

DOB 1 Jan 1980 (42y)

Email testpatient@gmail.com

|                             | Clinical coding  |   |                 |       |
|-----------------------------|--|---|-----------------|-------|
| Weight (kg)                 | 100.0  |   | 27113001        | 22A   |
| Height (cm)                 | 180.0  |   | 248333004       | 229   |
| BMI                         | 30.9   |   | 60621009        | 22K   |
| Ethnicity                   | White - British  |   | 976631000000101 | 9t00  |
| Smoking                     | Light (1-9 cigarettes per day)   |   | 160603005       | 1373  |
|                             | Smoking cessation advice   |   | 225323000       | 8CAL  |
| Alcohol                     | 3 u/wk   |   | 160573003       | 136   |
|                             | Clinical coding  |   |                 |       |
| MRC Breathless Grade        | 3 - Walking slower than contemporaries or have to stop for breath when walking a | on level ground because of breathlessness,<br>at own pace | 391124000       | 173J  |
| COPD Assmt Test (CAT) Score | 16 / 40  | See detail below  | 446660005       |       |
| Pulmonary Rehab             | Interested in pulmonary rehab service  | Pulmonary rehabilitation offered                          | 913981000000106 | 9NSL  |
| Inhaler                     | Metered Dose Inhaler (eg clenil, QVar, s   | eretide evohaler, fostair, flutiform)                     |                 |       |
| Spacer device in use        | Small volume spacer  |   | 313149002       | 6631  |
| Inhaler Video               | Inhaler technique shown  |   | 736601004       | 6636  |
| Pulse Oximetry              | 99.0%  |   | 431314004       | 44YA0 |
| Steroid Tables              | Yes  |   |                 |       |

| Steroid Tables            | Yes   |           |      |
|---------------------------|---|-----------|------|
| Antibiotics               | Yes   |           |      |
| Home Oxygen Therapy       | Yes   | 268512000 | 6639 |
| Exacerbation (Last Year)  | Yes - 5 times with 2 time(s) requiring steroids | 723245007 | 66Yf |
| COPD Hospital Admission   | Yes - 1 time(s)                                 | 414087000 | 66Ye |
| Patient Comments/Concerns | No concerns                                     |           |      |

Complete Review

I feel my breathing is under control - I am happy to complete my review without further discussion if appropriate

**REMOTE REVIEW** 

| COPD Assessment Test (CAT)   |   | 1 | 2 | 3 | 4 | 5 |   |
|--|---|---|---|---|---|---|---|
| l never cough  | 0 |   |   |   |   |   | I cough all the time  |
| I have no phlegm (mucus) on my chest at all                        |   | 1 |   |   |   |   | My chest is full of phlegm (mucus)  |
| My chest does not feel tight at all                                |   |   | 2 |   |   |   | My chest feels very tight   |
| When I walk up a hill or a flight of stairs I am not out of breath |   |   |   | 3 |   |   | When I walk up a hill or a flight of stairs I am completely out of breath |
| I am not limited to doing any activities at home                   |   |   |   |   | 4 |   | I am completely limited to doing all activities at home                   |
| I am confident leaving my home despite my lung condition           |   |   |   |   |   | 5 | I am not confident leaving my home at all because of my lung condition    |
| I sleep soundly  | 0 |   |   |   |   |   | I do not sleep soundly because of my lung condition                       |
| I have lots of energy  |   | 1 |   |   |   |   | I have no energy at all   |

**Clinician Next Steps** 

| 1. Code review    | COPD Annual Review | 394703002 | 66YM |
|-------------------|--------------------|-----------|------|
| 2. Inform patient |                    |           |      |

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|                     | Clinical Coding                        |   |                  |       |  |  |
|---------------------|--|---|------------------|-------|--|--|
| Self Referral       | Offered                                |   |                  |       |  |  |
|                     | Accepted                               | Referral to social prescribing service        | 871731000000106  | 8T09  |  |  |
|                     | Weight Management                      |   |                  |       |  |  |
| Eligibility         | Eligible for NHS Digital Weight Manage |   |                  |       |  |  |
| High BP or Diabetic | Yes                                    |   |                  |       |  |  |
| Referral            | Offered                                | Referral to weight management service offered | 767661000000105  | 9NS03 |  |  |
|                     | Consent given                          |   |                  |       |  |  |
|                     | Suggested code if patient referred     | Referral to weight management service         | 1326201000000101 | N/A   |  |  |