

DHULIKHEL HOSPITAL ED COPD SURVEY

Demographic Details

*Required

1. Email address *

2. Patient's Name

3. Patient's ID

4. Age

5. Gender

Mark only one oval.

Female

Male

6. District

7. Contact number

8. Education

Tick all that apply.

- No formal education
- school level (1-12)
- High school (>12)

ED Arrival Characteristics

9. Mode of transport

Mark only one oval.

- Ambulance
- Private Vehicle
- Hired Vehicle
- Bike

10. Date of arrival to ED:

Example: 7 January 2019

11. Time of arrival to ED

Example: 8.30 a.m.

12. Date of disposition from ED

Example: 7 January 2019

13. Time of disposition from the ED

Example: 8.30 a.m.

14. Triage Category

Mark only one oval.

Red

Orange

Yellow

Green

Black

15. Triage pulse rate

16. Triage respiratory rate

17. Triage saturation

18. Triage SBP

19. Triage DBP

20. Triage TPR

21. Triage level of consciousness

Mark only one oval.

- Alert
- Verbal response
- Pain
- Unresponsive

22.

Mark only one oval.

- Option 1

23. Ability to speak

Mark only one oval.

- Normal
- Sentences
- Phrases
- None

Clinical Details

24. Cheif Complaints

Tick all that apply.

- Dyspnea
- Dry cough,
- Productive cough
- Swelling of limbs,
- Hemoptysis,
- Chest pain,
- fever

Other: _____

25. Duration of presenting complaint (days)

26. Known Co-morbidities:

Tick all that apply.

- COPD Asthama
- Ischemic heart disease
- Hypertension
- Diabetes
- congestive Heart failure
- chornic renal disease
- Malignancy
- Depression
- PTB

Other: _____

27. Medication for COPD in last 30 days

Tick all that apply.

	oral	Inhaled	nebulizer	Injection
short acting beta agonist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
long acting beta agonist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corticosteroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anticholinergics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methylxanthine Agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Is patient compliant to treatment at home within the last 30 days?

Mark only one oval.

Yes

No

29. Smoking

Mark only one oval.

Present smoker

Past smoker

Never smoked

30. If patient is a smoker, has smoke exposure been discussed?

Mark only one oval.

Yes

No

31. Is patient exposed to wood fire?

Mark only one oval.

Yes

No

32. If yes, has indoor household smoke been discussed with the patient?

Mark only one oval.

Yes

No

33. Previous visits for the ED for COPD exacerbation?

Mark only one oval.

Yes

No

34. If yes, When?

Mark only one oval.

- Within last 3 days
- Within last 3-7 days
- Within last 1 month
- Within last 1 year

35. Has patient been admitted to the hospital before?

Mark only one oval.

- Yes
- No

36. If yes to hospital admission, where was patient admitted?

Mark only one oval.

- Ward
- ICU
- HDU
- Other: _____

37. Has patient received pneumococcal or influenza vaccinations?

Mark only one oval.

- Yes
- No

38. Is patient on oxygen at home?

Mark only one oval.

Yes

No

39. If yes, for how long?

40. If yes, what source?

Mark only one oval.

Cylinder

O2 concentration

Course in the ED

41. Investigations sent from ED

Tick all that apply.

CBC

RFT

ABG

PEFr

CXR

ECG

Bedside ultrasound

Other: _____

42. If ABG was done, What was the PCO₂?

43. Medications given for treatment of COPD

Tick all that apply.

	oral	Inhaled	nebulizer	Injection
short acting beta agonist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
long acting beta agonist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corticosteroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anticholinergics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methylxanthine Agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diuretics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MGSO ₄	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44. Other supportive treatments given in ED

Tick all that apply.

- Oxygen
- Bipap
- Mechanical ventilation(intubation)

Other: _____

45. Final Diagnosis

Tick all that apply.

- COPD
- Congestive heart failure
- Pneumonia
- Pneumothorax
- Tuberculosis
- lung malignancy
- Pleural effusion

Other: _____

46. Outcome

Mark only one oval.

- Mortality in ED
- Admission
- LAMA
- Referred
- Discharged

47. If admitted, which ward?

Mark only one oval.

- Ward
- ICU
- HDU

48. Oxygen advised at discharged?

Mark only one oval.

Yes

No

49. Discharge Medication

Tick all that apply.

	oral	Inhaled	nebulizer	Injection
short acting beta agonist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
long acting beta agonist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corticosteroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anticholinergics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methylxanthine Agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diuretics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Quality Improvement Questions

50. Was patient given education on how to administer inhaled medications in ED?

Mark only one oval.

Yes

No

51. Was spirometry used in diagnosis of COPD?

Mark only one oval.

Yes

No

52. Was patient given education on when to return to ED?

Mark only one oval.

Yes

No

53. Was a COPD written action plan given?

Mark only one oval.

Yes

No

54. Was patient advised for vaccinations in the ED?

Mark only one oval.

Yes

No

55. Does patient have an expected follow up?

Mark only one oval.

Yes

No

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