

Please fix patient label here	Name of respiratory nurse: ..... Contact details: .....
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### Respiratory Nurse Led Hospital Care

Action	Time completed or reason for variation	Signed	Date of pre-arranged appointments
Provide patient information	On initial review		
Consider early discharge	On initial review		
Review inhaler technique and ensure patient is competent and familiar with maintenance medications	When patient is stable		
Organise spirometry	When patient is stable		xxxx
Administer Flu vaccination	When patient is stable		
Refer to pulmonary rehabilitation	When patient is stable		xxxx
Assess oxygen requirements	Before discharge		
Refer to smoking cessation	Before discharge		xxxx
Ensure appropriate OPD/GP/Rapid Access appointment is made	Before discharge		xxxx
Give patient individualised self management plan	Before discharge		

Copy of self management plan for .....

