

RESPIRATORY CLINIC (RC)

PATIENTS WHO SHOULD BE ENROLLED:

Patients with:

- Reactive airway disease who has required treatment within the past two years
- Chronic Obstructive Pulmonary Disease and is on active treatment
- Any other pulmonary conditions that the clinician has deemed to be appropriate for this clinic and which require treatment/monitoring.

If the clinician is undecided as to whether to enroll a patient in this clinic the Regional Medical Director may be consulted.

BASELINE HISTORY AND PROCEDURES:

Document data on the following forms:

- DC4-770AA, *Respiratory Baseline History and Procedures*
- DC4-701F, *Chronic Illness Clinic*
- DC4-770A, *Respiratory Clinic Flow Sheet, and*
- DC4-730, *Problem List*

Documentation shall include a diagnosis and statement as to the control of the disease (Good, Fair, or Poor).

Baseline history will include an assessment of risk factors:

- Age of onset
- Family history
- Frequency/severity of attacks
 - Patients with a diagnosis of reactive airway disease will be classified as mild, moderate or severe.
 - Severity is assessed by the number of symptoms per week as measured by how often a rescue inhaler is used and whether emergency treatment has been required.
- Smoking habits
- History of previous treatment to include intubations
- Use of systemic steroids
- Pertinent medical and surgical history
- Review DC4-710A, *Immunization Record*, for pneumococcal and influenza (order if necessary)

Physical examination will include evaluation and documentation of the:

- Vital signs
- Peak flow
- Heart
- Lungs including respiratory tract, upper and lower

Baseline Procedures will include:

- Peak Flow

If clinically indicated:
CXR

TREATMENT RECOMMENDATIONS:

Pharmacotherapy: According to current national guidelines.

Patients with moderate to severe reactive airway disease will be started on anti-inflammatory inhalers unless contraindicated.

EDUCATION:

Education will include:

- Disease process
- Risk reduction
- Avoid allergens
- Smoking cessation
- Medication and effects
- If using an aerosol inhaler the patient will be instructed in its proper use.
- Importance of treatment compliance

FOLLOW-UP VISIT:

At each Chronic Clinic visit the clinician shall document:

- Review of the record (labs, peak flow, treatment records, MARs, etc...)
- Evaluate the control of the disease (Good, Fair, or Poor)
- Current status of the patient compared with the previous Chronic Clinic visit (Improved, Unchanged, or Worsened).
- Provide education as outlined above

Document follow-up visits on the:

- DC4-770A, *Respiratory Clinic Flow Sheet*
- DC4-701F, *Chronic Illness Clinic*
- DC4-730, *Problem List*, if there are changes or additional diagnoses

Physical examination at every Chronic Clinic Visit will include at a minimum an evaluation and documentation of:

- Vital signs
- Pulse oxymeter reading
- Respiratory examination
- Physical findings necessary to monitor the patient's condition (e.g. use of accessory muscles of respiration)
 - Patients with a diagnosis of reactive airway disease will be classified as mild, moderate or severe. Severity is assessed by the number of symptoms per week as measured by how often a rescue inhaler is used and whether emergency treatment has been required.

EDUCATION:

Education will include:

- Explanation of disease process
- Risk reductions:
 - Avoid allergens
 - Smoking cessation
- Medication and effects
 - If using an aerosol inhaler the patient will be instructed in its proper use.
- Importance of compliance with treatment.

GOALS:

- Good control of medical condition (shortness of breath, wheeze, cough less than 2 days per week).
- Prevent complications.
- Asymptomatic Reactive Airway disease
 - Fewer than two rescue inhalations a week of an inhaled short acting beta agonist (e.g. Albuterol).
- Requires only routine care.
- Other pulmonary conditions stable with no unaddressed problems.

This Health Services Bulletin Appendix Supersedes prior revision dates:

01/2015