



PATIENT TREATMENT RECORD

PATIENT NAME:

START DATE:

! COVID-19? temperature, cough, loss of taste/smell? if yes follow COVID SAFETY in clinical guides

SUBJECTIVE

OBJECTIVE



Quick Medical Checks clear?
or see a doctor



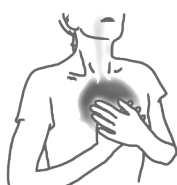
Crackles? Sputum need clearance



Infection?
if bronchiectasis or COPD, go to doctor



Severe chest pain/ coughing up blood/stridor?
if yes, see a doctor



Aches? need pain relief



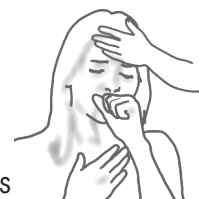
Sputum retention due to pain?
pain relief



Severe breathlessness



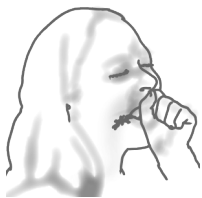
Dehydrated? increase water



Sputum retention due to weakness?
(exercise)



ADL limited by breathlessness



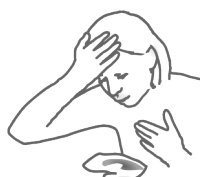
Excess sputum? needs clearance



Sputum retention due embarrassment?



Sit to stand time



Excess sputum anxiety?
Reassurance



Wetting due to cough? Cough advice

ANALYSIS/ TREATMENT

PLAN

DISCHARGE DATE:

OUTCOME: