Alberta Health Services

Last Name *(Legal)*	First Name *(Legal)*	
Preferred Name ☐ Last ☐ First	DOB*(dd-Mon-yyyy)*	
PHN	ULI ☐ Same as PHN	MRN
Administrative Gender ☐ Male ☐ Female ☐Non-binary/Prefer not to disclose (X) ☐ Unknown		

Acute Exacerbation of Chronic Obstructive Pulmonary Disease (AECOPD) Admission Adult Transition to Community Care Admission to Discharge Checklist

Date *(dd-Mon-yyyy)*	**Time** *(hh:mm)*	***Completed***	***Not indicated****	***Initials***
Start at Admission				
Consultations *(For all consultations, utilize the most appropriate/available health care provider(s) at your site to deliver services)*				
Screen for Malnutrition				
Screen for Frailty				
Screen for Cognitive status				
Refer to Transition/Discharge Services if anticipated need at discharge				
Inform Respiratory Therapy of patient admission & referral for assessment of Home Oxygen requirements				
Activate COPD Education Team				
Consider involving the following healthcare providers as necessary: ■ Social Worker ■ Speech Language Pathologist for swallow assessment				
COPD Education and Self-Care Instructions – *use teach-back technique to reinforce learning*				
Ambulate – Early Mobilization *(done within 48 hours)*				
Provide and review COPD education resources with patient/caregiver ☐ Inhaler Techniques ☐ COPD Medicines ☐ COPD: Learning to Breathe Easier ☐ COPD: Avoiding your Triggers				
Patient demonstrates proper inhaler technique				
Discharge Plan				
Complete Discharge Management Plan				
Follow-up as Required				
Assess tobacco use of patient ■ Provide tobacco cessation counselling and resources where appropriate ■ Refer to tobacco cessation program where appropriate				
Notify Primary Care Provider of discharge *(include designated supportive living and home care, where appropriate)*				
Provide Primary Care Provider with Discharge Summary and AECOPD Discharge Management Plan *(Form 21045)*				

*Check 'Not Indicated' only if item would NOT benefit the patient. Identify reason by placing a (✓) in the appropriate box

☐ Recently completed
☐ End-of-life
☐ Deceased
☐ Service/assessment is unavailable
☐ Other, Specify reason(s):_____