

Pulmonary Disease

When making a visit, the following are some identifiers of what to expect with someone with this diagnosis. (Not necessarily an inclusive list.) Consider each identifier during the assessment and document all that are appropriate to the individual. Remember to use comparison, descriptive documentation or phrases such as “as evidenced by...”

On Admission & Prior to Each Recertification <ul style="list-style-type: none"> <input type="checkbox"/> Obtain a weight (Height at admission) <input type="checkbox"/> Calculate BMI <input type="checkbox"/> Obtain a MAC in the event unable to obtain future weights <input type="checkbox"/> Calculate the PPS score <input type="checkbox"/> Document to specific LCD Criteria <input type="checkbox"/> Obtain O2 saturation on RA resting and after activity and with # liters O2 	Nutritional Status / Ingestion Functions <ul style="list-style-type: none"> <input type="checkbox"/> Anorexia <input type="checkbox"/> Description of amount and type of food eaten on a routine day <input type="checkbox"/> Difficulty eating due to dyspnea
Comorbid Conditions (see specific tip sheets) <ul style="list-style-type: none"> <input type="checkbox"/> Describe impairments and activity limitations related to <ul style="list-style-type: none"> o Diabetes o Coronary and/or congestive heart disease o Renal disease o Cerebrovascular disease o Peripheral vascular disease o Dementia (if present, calculate FAST Score) o Others 	Secondary Conditions <ul style="list-style-type: none"> <input type="checkbox"/> Describe impairments and activity limitations related to <ul style="list-style-type: none"> o Cor pulmonale o Right heart failure o Unintentional weight loss o Resting tachycardia >100 bpm o Recurrent infections
Physical Appearance and Other Descriptors <ul style="list-style-type: none"> <input type="checkbox"/> Purse – lipped breathing <input type="checkbox"/> Retractions / accessory muscle use <input type="checkbox"/> Barrel-shaped chest <input type="checkbox"/> Prolonged expiration <input type="checkbox"/> Clubbing of fingers <input type="checkbox"/> Lung sounds <ul style="list-style-type: none"> o Decreased or absent breath sounds o Persistent crackles, wheezes, rhonchi o Poor or no response to bronchodilators <input type="checkbox"/> Oxygen dependent with increasing need for O2 <ul style="list-style-type: none"> o O2 sat on room air after activity o How long does it take to recover <input type="checkbox"/> Purulent sputum <input type="checkbox"/> Severe cough <input type="checkbox"/> Dyspnea at rest <input type="checkbox"/> Hypoxemia at rest <input type="checkbox"/> Cyanosis <input type="checkbox"/> “Picking” at the air, hallucinations <input type="checkbox"/> Increased episodes of paroxysmal dyspnea <input type="checkbox"/> Progressive weight loss <ul style="list-style-type: none"> o Clothes hang on individual o Belt required to hold up pants o Belt on tightest hole o Drooping Skin o Dentures are loose o Rings are too loose o Cachexia; Appearance of boney prominences o Temporal wasting 	Functional Status / Other Observations <ul style="list-style-type: none"> <input type="checkbox"/> Describe amount of time in bed or chair / bed <input type="checkbox"/> Describe the level of assistance required with each ADL <input type="checkbox"/> Describe activity level, impact of activities, and how long is recovery time <input type="checkbox"/> Describe energy level <input type="checkbox"/> Functional status /ability <ul style="list-style-type: none"> o Housebound o Chair bound o Decreased functional ability o Increased assistance in completing ADLs <input type="checkbox"/> Use of oxygen, how much, how often? <input type="checkbox"/> Use of nebulizers and effectiveness Changes in Vital Signs <ul style="list-style-type: none"> <input type="checkbox"/> Resting tachycardia (>100 bpm) <input type="checkbox"/> Respiratory rate and rhythm

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