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**Patient name:** ………………………………

**D.O.B.** ………………………………………..

**Neuro-muscular disease (NMD) respiratory assessment**

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| **Assessment** | **Action Plan** |
| **SpO2 reading………%** | **SpO2 < 94%** Contact clients respiratory service for review or advice  NB if client has a known respiratory condition with NMD Sp02 88-92% may be acceptable |
| **Best Peak Cough Flow (PCF)**  **………..……..l/min** | **PCF >270L/min** – encourage client to continue to monitor PCF routinely  **PCF 160-270L/min** – Contact clients respiratory service for review or advice  **PCF <160 L/min - URGENT** referral to clients respiratory service for emergency assessment and advice |
| **Respiratory Rate……………./min** | **RR >20** Contact clients respiratory service for review or advice |
| **Have you noticed a change in your cough? 🞏**  **Are you producing phlegm which is difficult to clear? 🞏** | If any ticked contact clients respiratory service for review or advice  **URGENT** referral needed if producing sputum and unable to clear |

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| **Have you noticed any of the following?**   * **You are more breathless on activity 🞏** * **You are more breathless lying flat 🞏** * **Waking with headaches in the morning 🞏** * **Choking or gaspine overnight 🞏** * **Feeling sleepyduring the day🞏** * **Lacking concentration 🞏** * **Poor appetite🞏** * **Getting regular chest infections🞏** * **Needing to use your ventilator more than usual🞏** * **Have you recently been unwell with a cough🞏** | If any ticked contact clients respiratory service for review or advice |

**Outcome of Assessment: ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..**

**Respiratory Service Contacts**

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| **RFH**  Stephanie Mansell  Consultant Respiratory Physiotherapist  [stephanie.mansell1@nhs.net](mailto:stephanie.mansell1@nhs.net)  Tel: 020 7794 0500 Extension: 38581 Bleep: 1041  Mobile: 07908371848 (not to be given to patients) | **NHNN**  Jan Clarke  MND Service Manager  [jan.clarke@uclh.nhs.uk](mailto:jan.clarke@uclh.nhs.uk)  Tel: 020 34483517 |

Therapist Name:……………………………………

Therapist Signature:……………………………….Date:…………………………