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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 adviceNB 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 MansellConsultant Respiratory Physiotherapiststephanie.mansell1@nhs.netTel: 020 7794 0500 Extension: 38581 Bleep: 1041Mobile: 07908371848 (not to be given to patients) | **NHNN**Jan ClarkeMND Service Managerjan.clarke@uclh.nhs.ukTel: 020 34483517 |

Therapist Name:……………………………………

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