

Name of patient

IF YOU ANSWER **YES** TO **2** OR MORE OF THE FOLLOWING QUESTIONS THEN PLEASE CALL **0131 XXX XXXX** BEFORE **12:00** MONDAY TO SUNDAY.

Please leave a message with your name and contact number and we will get back in touch with you later today.

1. My oxygen saturations are below 92%. **Yes / No**
2. I have increased wheeze since yesterday **Yes / No**
3. My sputum has increased in amount and is darker in colour **Yes / No**
4. I am more breathless than yesterday **Yes / No**

*Additional questions for individual patients:
decreased ex tolerance, increased ankle swelling, increased tiredness*

EMERGENCY MEDICATION

Antibiotic – take 1 tab 3 times a day for 7 days

Steroids – take 8 tablets in morning

“Blue” Salbutamol/Bricanyl inhaler – increase to.....

Neb/oxygen/ etc.

OTHER CONTACT NUMBERS

- Community Respiratory Team office for non-urgent calls
Tel: 0131 XXX XXXX (Monday to Friday – 8:30am to 4:30pm)
- GP practice name and tel number
- NHS 24 08454242424