Vancouver CoastalHealth
Promoting wellness. Ensuring care.

PARIS
PRIMARY ACCESS
Regional Information System

CARDIORESPIRATORY ASSESSMENT

Name:		**PARIS ID:**
DOB:	**Age:**	**PHN:**
Gender:		**Phone:**
Home Address:		

Assessment Start Date: **Assessment End Date:** **Carried Out By:**

History

Relevant Respiratory History:

Cardiac History

Chest Pain ☐ Yes ☐ No ☐ Not Assessed

Describe (location, type, frequency):

Causes of Chest Pain:

Relievers of Chest Pain:

Smoking History

☐ Never ☐ Current ☐ Past ☐ Tobacco

☐ Other - Describe:

Pack Years: Quit Date:

Quit Before? ☐ Yes ☐ No ☐ Not Assessed

Number of Attempts:

Fow how long?

Methods tried to Quit?

Participating in a Smoking Cessation Program? ☐ Yes ☐ Previous ☐ No ☐ Not Assessed

Interested in a Cessation Program? ☐ Yes ☐ Undecided ☐ No ☐ Not Assessed

CARDIORESPIRATORY ASSESSMENT

Name:	PARIS ID:

Sleep:

Activity Limitations

☐ Unassisted

☐ Assisted Using:

☐ Cane ☐ Walker

☐ Wheelchair ☐ Other:

Additional Details:

Immunization History

☐ Influenza Year ☐ Estimated?

☐ Pneumovax Year ☐ Estimated?

Periods in Hospitals/Clinics

From	To	Hospital/ Clinic	Status	Reason	Notes

Subjective Findings

Shortness of Breath (SOB)

☐ None Borg Scale Score

☐ At Rest At Rest:

☐ On Exertion On Exertion:

Triggers of SOB

☐ ASA/Drugs ☐ Emotions/Stress ☐ Molds/Dampness

☐ Cockroaches ☐ Exercise ☐ Perfumes/Odours

☐ Cigarette/Wood Smoke ☐ Foods ☐ Pets

☐ Cold/Flu ☐ Hot/Cold Air ☐ Pollens

☐ Dust / Dust Mites ☐ Menstruation ☐ Seasonal/Weather Changes

☐ Other:

Relievers of SOB:

Chest Pain:

CARDIORESPIRATORY ASSESSMENT

Name:	PARIS ID:

Objective Findings

Posture:

Breathing Pattern

- ☐ Apical
- ☐ Indrawing
- ☐ Mouth Breathing
- ☐ Pursed Lip
- ☐ Diaphragmatic
- ☐ Accessory Muscle Use

Auscultation:

Heart Sounds

- ☐ S1
- ☐ S2
- ☐ Not Assessed
- ☐ Other - Describe:

Fingernails

- ☐ Cyanotic
- ☐ Clubbing
- ☐ Other - Describe:

Colour (Face)

- ☐ Normal
- ☐ Pale
- ☐ Flushed
- ☐ Cyanotic

Edema

- ☐ None
- ☐ Peripheral
- ☐ Central

Location, Degree:

Fluid Retention:

Cough

- ☐ Normal Reflex
- ☐ Assisted
- ☐ Ineffective
- ☐ Productive

Chronic

- ☐ Yes
- ☐ No

Sputum

Amount:

Colour:

Viscosity:

Haemoptysis:

CARDIORESPIRATORY ASSESSMENT

Name:	PARIS ID:

Medications

Please see Medication Section in PARIS or Medication/Treatment Orders-Recommendation report for further details. (eg. medications in home?, Confirmed (written order received?))

Medication	Route	Dose	Frequency	Start Date	End Date	Comments

Vital Signs

Assess. Date	Assessed By	BP Sitting	BP Standing	BP Lying	Pulse	Cel.	Fah.	Heart Rate	Resp	Comments

Respiratory Support/Equipment

Respiratory Support/Equipment

- ☐ Concentrator
- ☐ Ventilator
- ☐ Trach
- ☐ Cylinder
- ☐ Liquid Oxygen
- ☐ CPAP/BIPAP
- ☐ O2 Conserving Device (on demand)
- ☐ Other:

Vendor: Other:

Equipment Setting/Size

- ☐ Nasal Prongs
- ☐ Face Mask
- ☐ Other - Specify:

Flow Rate:

Trach Type and Size:

Safety Concerns:

Comments:

CARDIORESPIRATORY ASSESSMENT

Name:	PARIS ID:

Oximetry Testing

Oximetry		Room Air @ Rest	Room Air Ambulation	O2 L/Min	O2 L/Min Walk Test
Pre HR					
Pre RR					
6 MINUTE MONITOR (%)	0.5				
	1				
	1.5				
	2				
	2.5				
	3				
	3.5				
	4				
	4.5				
	5				
	5.5				
	6				
Post HR					
Post HR					

Comments:

Additional Clinical Information

Needs

Need	Post to C/P	Processed	Comments

CARDIORESPIRATORY ASSESSMENT

Name:	PARIS ID:

Casenotes

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

---------- End of Report ----------