Participant ID	

Initials of person entering data	

Staff email	

CONFIDENTIAL CASE REPORT FORM

Physiotherapy for Acute Respiratory Deterioration in Paediatric Palliative Care Patients

Series 54

IMPACCT Trials Coordination Centre (ITCC)

UTS IMPACCT Rapid Paediatric Program

The case report form (CRF) is to be completed in compliance with ITCC Standard Operating Procedures (SOP)

Baseline – Demographics (T_0)

NB: 'Baseline' in this context refers to the child's usual presentation or presentation before becoming unwell on the admission.

Gender ○ Male ○ Female ○ Other

Tick ✓	Ethnicity
	Aboriginal
	Torres Strait Islander
	African
	Asian
	European
	Latin American
	Maori
	Mayan people
	Middle Eastern
	Pacific Peoples
	Other; please specify:

Age (0 to <18yrs)	
Years	
Months	
Weeks (only if < 1 month of age)	
Days (only if < 1 week old)	

Weight (kg)	

Tick ✓	Primary life limiting illness (please tick only one)
	Congenital genetic condition
	Gastrointestinal condition
	Hepatic condition
	Oncological condition
	Haematological condition
	Immunology condition
	Cerebral Palsy or Acquired Brain Injury
	Refractory Epilepsy
	Static Encephalopathy
	Neurological impairment, e.g., cerebral abnormalities, hydrocephalus
	Neurodegenerative or neuroprogressive disease
	Neurometabolic disease

	Neuromuscular disease
	Cardiac condition
	Respiratory condition (including suppurative lung disease)
	End stage renal failure
	Other (e.g., extreme prematurity); please specify:

Tick ✓	**Other comorbidities - if any *(please tick all that apply)***
	Congenital genetic condition
	Gastrointestinal condition
	Hepatic condition
	Oncological condition
	Haematological condition
	Immunology condition
	Acquired brain injury or Cerebral Palsy
	Static encephalopathy
	Neurological disease, such as epilepsy
	Neurological impairment, e.g., cerebral abnormalities, hydrocephalus
	Neurometabolic disease
	Neuromuscular disease
	Cardiac condition
	Respiratory condition, including both airway and pulmonary conditions
	End stage renal failure
	Intellectual Impairment
	Sensory deficit (e.g., hearing or visual impairments)
	Musculoskeletal complaint, e.g., arthrogryposis, Ehlers Danlos syndrome
	Rheumatology condition
	Other (e.g., extreme prematurity); please specify:

Tick ✓	**Palliative Care Phase/Period – *thinking about the child's overall phase in their primary life-limiting disease process prior to admission***
	1. Stable Phase: The person's symptoms are adequately controlled by established management. Further interventions to maintain symptom control and quality of life have been planned.
	2. Unstable Phase: The person experiences the development of a new problem or a rapid increase in the severity of existing problems either of which requires an urgent change in management or emergency treatment.

	3. Deteriorating Phase: The person experiences a gradual worsening of existing symptoms or the development of new but expected problems. These require the application of specific plans of care and regular review but not urgent or emergency treatment.
	4. End of Life Care Phase: Death is likely in a matter of days and no acute intervention is planned or required.
	Not enough information to comment.

Tick ✓ (all applicable)	**Baseline Functional Abilities (prior to admission)**
GMFCS-equivalent (if documented)	
	I
	II
	III
	IV
	V
	Not documented
Neurological tone	
	Normal
	Hypotonic
	Hypertonicity (e.g., spasticity)
	Dyskinesia
	(Not enough information to comment)
Head control	
	Age-appropriate independence in anti-gravity positions
	Variable head control / Maintains midline with supports (e.g., head rests) in upright positions
	Nil head control; completely dependent on assistance for all position changes
	(Not enough information to comment)
Vocalization	
	Verbal communicator
	Makes vocalisations (including squeals, giggles, etc.)
	Non-verbal
	(Not enough information to comment)
Best Gross-motor function	
	Reliant on assistance for bed mobility/repositioning
	Independent rolling (i.e., no assistance required)
	Independent sitting (i.e., no support or assistance required)
	Supported sitting
	Independent standing (i.e., no support or assistance required)
	Supported standing
	Walking with/in aids
	Walking unsupported
	(Not enough information to comment)

Tick ✓ (all applicable)	Daily Respiratory Support (usual care, prior to admission)
	Nil
	Artificial airway i.e., NPA, Guedels, etc.
	Tracheostomy
	Oxygen support (low-flow)
	High-flow oxygen therapy
	Intermittent CPAP non-invasive ventilation (e.g., nocturnal)
	Intermittent bi-level non-invasive ventilation (e.g., nocturnal)
	Continuous CPAP non-invasive ventilation
	Continuous bi-level non-invasive ventilation
	Mechanical ventilation (spontaneous modes)
	Mechanical ventilation (controlled modes, i.e., rate-dependent)
	Other; please specify:

Tick ✓	Frequency of Daily Chest Physio Regime (usual care)
	None*
	Once daily (OD)
	Twice daily (BD)
	Three times daily (TDS)
	Other:

***If none, skip to T1.**

Tick ✓ (all applicable)	Who usually provides baseline Chest Physio regime?
	Parents / Primary Caregivers
	Support Workers / Carers
	Community Nursing Staff
	Community Physiotherapist
	Child/Young person independently
	Other; please specify:

Tick ✓ (all applicable)	**Daily Chest Physio Regime (usual care, prior to admission)**
	Prescribed mucolytics
	Prescribed bronchodilators
	Positive Expiratory Pressure devices
	Prescribed position changes
	Prescribed activity (e.g., bouncing over a fit ball)
	Manual techniques, e.g., percussion, vibrations
	Manually-assisted cough
	Mechanically-assisted cough/MI:E device
	Interpulmonary Percussion Ventilator (IPV) device
	The 'Vest' Airway Clearance System (Hill-Rom (C))
	Suctioning
	Positive pressure ventilatory support
	Increased oxygen therapy support
	Other; (e.g., BIRD IPPB) please specify:

NB: pls allow multiple options to be selected

Tick ✓ (all applicable)	**Suctioning, ONLY if applicable** (usual care, prior to admission)
	N/A
PERFORMED BY:	
	Parent
	Carer
	Nursing staff
	Other health staff
	Other, please specify:
ROUTE:	
	Oral
	Oropharyngeal
	Nasopharyngeal
	Tracheostomy
	Other, please specify:
DEVICE	

	Yankauer
	Soft catheter (short)
	Soft catheter (long)
FREQUENCY	
	> once/hourly
	once/hourly
	With every position change (I.e., pressure-area cares)
	Four times/daily
	Three times/daily
	Twice/daily
	Once daily
	Increased nocturnally, compared to during day/while awake
	Not enough information documented to comment

Any comments about sputum? (If relevant)
Describe here:

Tick ✓	**Daily Respiratory Medications (usual care)**
	Mucolytics
	Bronchodilators
	Anticholinergics – such as Hyacinth, Glycopyrrolate, etc.
	Antibiotics
	Steroids
	Other; please specify:

	Current medication list:
	Please list:

T_1 – Initial Physiotherapy Assessment			
Date and Time of assessment			
Date	dd/mm/yyyy	**Time (24hr clock)**	00:00
# Day of current admission		***(Where D0=date of admission -OR- only for OUTPATIENT/AMBULATORY services, D0=date referral to physio)***	

Tick ✓	**Place of Care**
	Emergency department
	Intensive Care Unit (ICU)
	Acute hospital ward
	Paediatric Palliative Care Hospice
	Patient's Home
	Other; please specify:

If admitted, why:

Tick ✓	**Reason for admission:**
	Respiratory deterioration
	Neurological change/deterioration
	Acute infection (other than respiratory)
	Emergency surgery
	Elective surgery
	Gastroenterological complaint
	Pain crisis
	Electrolyte imbalance
	Haematological deficit
	Planned treatment (e.g., oncology, endocrinology, etc.)
	Planned respite
	Emergency respite
	Equipment/aids review
	Other; please specify:

	Any medication changes in the last 24hrs:
	Please list:

Tick ✓	**Airway at time of review**
	Own
	Nasopharyngeal
	Oropharyngeal/Guedel's
	Endotracheal / Nasotracheal
	Tracheostomy
	Other; please specify:

Tick ✓ (all applicable)	**Respiratory Support at time of review**
	Nil
	Artificial airway i.e., NPA, Guedels, etc.
	Tracheostomy
	Oxygen support (low-flow)
	High-flow oxygen therapy
	Intermittent CPAP non-invasive ventilation (e.g., nocturnal)
	Intermittent bi-level non-invasive ventilation (e.g., nocturnal)
	Continuous CPAP non-invasive ventilation
	Continuous bi-level non-invasive ventilation
	Mechanical ventilation (spontaneous modes)
	Mechanical ventilation (controlled modes, i.e., rate-dependent)
	Other; please specify:

NB: pls allow multiple options to be selected

Tick ✓	**Respiratory support interface at time of review**
	Not applicable
	Nasal prongs/cannula
	High-flow nasal prongs/cannula
	Nasal mask

	Oral/nasal mask
	Face mask
	Intubation (NTT/ETT)
	Tracheostomy
	Other; please specify:

Tick ✓ (all applicable)	**Suctioning prior to review** (this admission/episode of care only)
	Nil (documented)
PERFORMED BY:	
	Parent
	Carer
	Nursing staff
	Other health staff
	Other, please specify:
ROUTE:	
	Oral
	Oropharyngeal
	Nasopharyngeal
	Tracheostomy
	Endotracheal
	Other, please specify:
DEVICE	
	Yankauer
	Soft catheter (short)
	Soft catheter (long)
FREQUENCY	
	> once/hourly
	once/hourly
	With every position change (pressure-area cares)
	Four times/daily
	Three times/daily
	Twice/daily
	Once daily
	Increased nocturnally, compared to during day/while awake

	Not enough information documented to comment

Any comments about sputum? (If relevant)
Describe here:

Tick ✓	**Imaging prior to review** (this admission only)
	CXR
	CT
	Lung USS
	Other; please specify:
	Nil/Not available

If yes:

	Results of <u>imaging</u> available at time of review (this admission only)
	Please describe:

Value (#)	**Laboratory results at time of review** (this admission only)
	Not applicable / not available
ABG	
WCC	
CRP	
Hb	
Lactate	
	Other; please specify:

Tick ✓	**Any other investigation results (i.e., infections) available at time of review** (this admission only)
	Please specify:

	Not available

	Any subjective feedback or concerns in the last 24hrs:
	Please list:

Physiotherapy Assessment:

Tick ✓	**Observations at time of review**
	Nil
	Colour change, including pallor, duskiness, redness, cyanosis
	Eyes open, calmly awake
	Grimacing / writhing
	Dyskinesia
	Signs of lethargy
	Other; please specify:

NB: pls allow multiple options to be selected

	Patient position at time of review
	Please describe:

Tick ✓	**State of alertness at time of review**
	Alert
	Drowsy
	Unrousable
	Sedated (i.e., for tube tolerance)
	Paralysed
	Agitated
	Documented ‘change’ in usual behaviour (i.e., subjective concern)
	Other; please specify:
	Not documented

NB: pls allow multiple options to be selected

Score (#)	Glasgow Coma Scale
Eyes	
Voice	
Motor	
TOTAL	
	Not documented

Tick ✓ (all applicable)	Auscultation at time of review
	Normal and symmetrical air entry
	Asymmetrical air entry
	Reduced air entry to specific lung regions
	Added sounds: inspiratory or expiratory wheeze
	Added sounds: fine crackles
	Added sounds: coarse crackles
	Upper airway transmitted sounds (e.g., stridor, wheeze, etc.)
	Other; please specify:
	Not documented

NB: pls allow multiple options to be selected

Tick ✓	Palpation at time of review
	Nil
	Tactile fremitus
	Other; please specify:
	Not documented

Tick ✓	COUGH at time of review
TRIGGER	
	Spontaneous
	Tracheal rub/sternal rub stimulated
	Position-change/activity induced
	Only with suctioning
	Absent

STRENGTH	
	Weak
	Moderate
	Strong
	Absent
PRODUCTIVENESS	
	Productive
	Non-productive
	Other; please specify:
	Not documented

Tick ✓	**Signs of increased work of breathing (WOB) at INITIAL time of review** - ***TARGET SYMPTOM**
	Nasal flaring
	Head bob
	Accessory muscle use
	Tracheal tug
	Intercostal recession
	Subcostal recession
	Paradoxical breathing
	Reduced chest wall expansion
	Asymmetrical chest wall movements
	Respiratory rate increased
	Other; please specify:

NB: pls allow multiple options to be selected

Target Symptom Severity

☐ **Work Of Breathing (WOB)**

◯ Mild ◯ Moderate ◯ Severe ◯ No symptom ◯ Ungradable

Criteria: Clinically subjective

If available:

Tick ✓	Functional Abilities at time of review
NEUROLOGICAL TONE	
	At baseline
	Different to baseline
	[Not documented]
If different to baseline, please select from the following:	
	Hypotonic
	Hypertonicity (e.g., spasticity)
	Dyskinesia
	Not documented
HEAD CONTROL	
	At baseline
	Below baseline
	[Not documented]
VOCALIZATION	
	At baseline
	Different to baseline
	[Not documented]
If different to baseline, please select from the following:	
	Agitated / upset (e.g. crying, screaming, etc.)
	Reduced vocalisations (including squeals, groans, etc.)
	Non-verbal
BEST GROSS-MOTOR FUNCTION	
	At baseline
	Different to baseline
	[Not documented]
If different to baseline, please select from the following:	
	Reliant on more assistance than usual for bed mobility/repositioning
	Reliant on more assistance or equipment than usual for supporting sitting either in bed or out of bed
	Reliant on more assistance or equipment than usual for standing and transferring out of bed
	Reliant on more assistance or mobility aids than usual for mobilizing
	Completely dependent on maximal assistance via manual handling equipment, such as sling hoisting, for all repositioning.

	Any subjective signs of fatigue documented:
	Please comment:

Intervention Commencement

Physiotherapy <u>intervention</u>

Tick ✓	Chest Physio Performed
	Prescribed mucolytics
	Prescribed bronchodilators
	Positive Expiratory Pressure devices
	Prescribed position changes
	Prescribed activity (e.g., bouncing over a fit ball)
	Manual techniques, e.g., percussion, vibrations
	Manually-assisted cough
	Mechanically-assisted cough/MI:E device
	VEST ©
	Interpulmonary Percussion Ventilator (IPV) device
	Suctioning
	Positive pressure ventilatory support
	Increased oxygen therapy support
	Advice & Education
	Other; (e.g., BIRD IPPB) please specify:

	Please comment any additional details of chest physiotherapy intervention performed:
	Please comment *(e.g., recommended position change for treatment; specific positive pressure device incorporated):*

T_1 (cont.) – Re-evaluation Immediately Post Initial Physio Treatment

Tick ✓	**Any subjective feedback or concerns immediately following Physiotherapy intervention:**
	Please list:

Tick ✓	**Change in signs of increased WOB immediately after physiotherapy intervention** - ***TARGET SYMPTOM****
	Increased signs of WOB / increased severity of existing signs
	Decreased signs of WOB / decreased severity of existing signs
	No change in signs or severity of increased work of breathing
	Other; please specify:
	Not documented/unable to comment from information available

Target Symptom Severity

☐ **Work of Breathing (WOB)**

◯ Mild ◯ Moderate ◯ Severe ◯ No symptom ◯ Ungradable

Criteria: Clinically subjective

Tick ✓	**Has there been a change in Airway immediately after physio?**
	Nil
	Own
	Nasopharyngeal
	Oropharyngeal/Guedel's
	Endotracheal / Nasotracheal
	Tracheostomy
	Other; please specify:

Tick ✓ (all applicable)	**Has there been a change in Respiratory Support after physio?**
	Nil
	Cessation of supplemental oxygen (i.e., on room air)
	Artificial airway i.e., NPA, Guedels, etc.
	Tracheostomy
	Oxygen support (low-flow)
	High-flow oxygen therapy
	Intermittent CPAP non-invasive ventilation (e.g., nocturnal)
	Intermittent Bi-level non-invasive ventilation (e.g., nocturnal)
	Continuous CPAP non-invasive ventilation
	Continuous bi-level non-invasive ventilation
	Intubation
	Mechanical ventilation (spontaneous modes)
	Mechanical ventilation (controlled modes, i.e., rate-dependent)
	Extubation
	Reduction in FiO2
	Increase in FiO2
	Reduction in positive pressure support/flow rate
	Increase in positive pressure support/flow rate
	Other; please specify:

Tick ✓ (all applicable)	**Has there been any documented change in vitals <u>immediately post physiotherapy</u> review?**
	Decrease in respiratory rate
	Increase in respiratory rate
	Decrease in heart rate
	Increase in heart rate
	Deterioration (decrease) in SpO2
	Improvement (increase) in SpO2
	Other, please describe:

Tick ✓	**Observations immediately after physiotherapy intervention**
	Nil
	Colour change, including pallor, duskiness, redness, cyanosis

	Eyes open, calmly awake
	Grimacing / writhing
	Dyskinesia
	Signs of lethargy
	Other; please specify:

NB: pls allow multiple options to be selected

Tick ✓	**State of alertness immediately after physiotherapy intervention**
	Alert
	Drowsy
	Unrousable
	Sedated (i.e., for tube tolerance)
	Paralysed
	Intubation (NTT/ETT)
	Agitated
	Documented ‘change’ in usual behaviour (i.e., subjective concern)
	Other; please specify:
	Not documented

Tick ✓ (all applicable)	**Auscultation immediately after physiotherapy intervention**
	Normal and symmetrical air entry
	Asymmetrical air entry
	Reduced air entry to specific lung regions
	Added sounds: inspiratory or expiratory wheeze
	Added sounds: fine crackles
	Added sounds: coarse crackles
	Upper airway transmitted sounds (e.g., stridor, wheeze, etc.)
	Other; please specify:
	Not documented

Tick ✓	Palpation immediately after physiotherapy intervention
	Nil
	Tactile fremitus
	Other; please specify:
	Not assessed/documented

Tick ✓ (all applicable)	COUGH immediately after physiotherapy intervention
TRIGGER	
	Spontaneous
	Tracheal rub/sternal rub stimulated
	Position-change/activity induced
	Only with suctioning
	Absent
STRENGTH	
	Weak
	Moderate
	Strong
	Absent
PRODUCTIVENESS	
	Productive
	Non-productive
	Other; please specify:
	Not documented

Tick ✓ (all applicable)	Functional Abilities immediately after physiotherapy intervention
NEUROLOGICAL TONE	
	At baseline (pre-admission)
	Different to baseline
	[Not documented]
If different to baseline, please select from the following:	

	Hypotonic
	Hypertonicity (e.g., spasticity)
	Dyskinesia
	Not documented
HEAD CONTROL	
	At baseline (pre-admission)
	Below baseline
	[Not documented]
VOCALIZATION	
	At baseline (pre-admission)
	Different to baseline
	[Not documented]
If different to baseline, please select from the following:	
	Agitated / upset
	Reduced vocalisations (including squeals, giggles, etc.)
	Non-verbal
BEST GROSS-MOTOR FUNCTION	
	At baseline (pre-admission)
	Different to baseline
	[Not documented]
If different to baseline, please select from the following:	
	Reliant on more assistance than usual for bed mobility/repositioning
	Reliant on more assistance or equipment than usual for supporting sitting either in bed or out of bed
	Reliant on more assistance or equipment than usual for standing and transferring out of bed
	Reliant on more assistance or mobility aids than usual for mobilizing
	Completely dependent on maximal assistance via manual handling equipment, such as sling hoisting, for all repositioning.
	Functional improvement – requiring less assistance to achieve baseline gross motor skills or gained novel motor skills

	Any subjective signs of fatigue documented:
	Please comment:

ADVERSE EVENTS - Following Respiratory Physiotherapy Intervention (T_1)
(Please grade all harms)

☐ **Pneumothorax / Barotrauma**
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ Ungradable ○ No Symptom

Definition (Pneumothorax): A disorder characterized by abnormal presence of air in the pleural cavity resulting in the collapse of the lung.
NCI Criteria
Grade 1: Asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated
Grade 2: Moderate; minimal, local or non-invasive intervention indicated; limiting age-appropriate instrumental ADL.
Grade 3: Severe or medically significant but not immediately life threatening; hospitalization or prolongation of existing hospitalization indicated; limiting self-care ADL.
Grade 4: Life-threatening consequences; urgent intervention indicated.
Grade 5: Death related to adverse event.

☐ **Haemoptysis**
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ Ungradable ○ No Symptom

Definition (Trachael haemorrhage / Bronchopulmonary haemorrhage): A disorder characterized by bleeding from the trachea / bronchial wall and/or lung parenchyma.
NCI Criteria
Grade 1: Mild symptoms; intervention not indicated
Grade 2: Moderate symptoms; invasive intervention not indicated
Grade 3: Transfusion indicated; invasive intervention indicated; hospitalization
Grade 4: Life-threatening consequences; urgent intervention indicated
Grade 5: Death related to adverse event

☐ **Musculoskeletal Trauma (e.g., rib fractures)**
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ Ungradable ○ No Symptom

FRACTURE -
Definition: A finding of traumatic injury to the bone in which the continuity of the bone is broken.
NCI Criteria
Grade 1: Asymptomatic; clinical or diagnostic observations only; intervention not indicated
Grade 2: Symptomatic but nondisplaced; immobilization indicated
Grade 3: Severe symptoms; displaced or open wound with bone exposure; limiting self-care ADL; operative intervention indicated
Grade 4: Life-threatening consequences; urgent intervention indicated
Grade 5: Death related to adverse event

☐ **Falls**
○ 1 ○ 2 ○ 3 ○ Ungradable ○ No Symptom

Definition: A finding of sudden movement downward, usually resulting in injury.
NCI Criteria

Grade 1: Minor with no resultant injuries; intervention not indicated Grade 2: Symptomatic; non-invasive intervention indicated Grade 3: Hospitalization indicated; invasive intervention indicated

☐ **Syncopal episode**

◯ 3 ◯ Ungradable ◯ No Symptom

SYNCOPE (Fainting; orthostatic collapse) - Definition: A disorder characterized by spontaneous loss of consciousness caused by insufficient blood supply to the brain. Grade 3: Fainting; orthostatic collapse

☐ **Additional other harm** (only if applicable-can be related or unrelated to intervention)

Please specify additional other harm here _____

◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ Ungradable ◯ No symptom *NCI Criteria* Grade 1: Asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated Grade 2: Moderate; minimal, local or non-invasive intervention indicated; limiting age appropriate *instrumental ADL. Grade 3: Severe or medically significant but not immediately life threatening; hospitalization or prolongation of existing hospitalization indicated; limiting **self-care ADL. Grade 4: Life-threatening consequences; urgent intervention indicated. Grade 5: Death related to adverse event. **Instrumental ADL refer to preparing meals, shopping for groceries or clothes, using the telephone, managing money, etc.* ***Self-care ADL refer to bathing, dressing and undressing, feeding self, using the toilet, taking medications, and not bedridden.*

Key questions derived from the Naranjo modified check list (<u>only complete this if a harm scored 3 or more</u>)

1. Did the adverse reaction appear after the suspected intervention was delivered?	Yes ◯	NO ◯	Don't know ◯
2. Did the adverse reaction improve when the intervention was discontinued or a specific antagonist was given?	Yes ◯	NO ◯	Don't know ◯
3. Are there alternative causes (other than the intervention) that could on their own have caused the reaction?	Yes ◯	NO ◯	Don't know ◯
4. Did the patient have a similar reaction to the same or similar intervention in any previous exposure?	Yes ◯	NO ◯	Don't know ◯
5. Was the adverse event confirmed by any objective evidence?	Yes ◯	NO ◯	Don't know ◯

Post-harms assessment:

Has a change in the intended treatment (Respiratory Physiotherapy intervention) occurred as a result of today's assessment (T_1)?

Intervention of interest (respiratory physiotherapy) ceased	◯
Intervention of interest increased (i.e., frequency increased)	◯
Intervention of interest decreased (i.e., frequency reduced)	◯
No change to intervention/continue current dose of respiratory physiotherapy	◯

Has an intervention/medication been added to treat a specific harm? If yes, please specify here:_____	◯ Yes ◯ No

Based on the assessment today has the harm (from any adverse events associated with respiratory physiotherapy intervention) resolved?

Yes◯ No◯ N/A◯

T_2 – Second Physiotherapy Assessment & Intervention *(within 24-48hrs of initial physiotherapy review)*			
Date and Time of assessment			
Date	dd/mm/yyyy	**Time (24hr clock)**	00:00
# Day of current admission		***(where D0=date of admission -OR- for OUTPATIENT/AMBULATORY services, calculate as per T1 instructions)***	

T_2: Assessed/Not assessed reason

◯ Assessed today (continue to complete T_2)

OR

◯ Died

◯ Not able to be contacted / located

◯ Too unwell/unstable (Clinical request not to review patient)

◯ Clinically improved – not indication for repeat physiotherapy review

◯ Other

Please jump to "Intervention Cessation Form".

Tick ✓	**Place of Care**
	Emergency department
	Intensive Care Unit (ICU)
	Acute hospital ward
	Paediatric Palliative Care Hospice
	Patient's Home
	Other; please specify:

	Any medication changes since last physiotherapy review:
	Please list:

Tick ✓	Airway at time of review
	Own
	Nasopharyngeal
	Oropharyngeal/Guedel's
	Endotracheal / Nasotracheal
	Tracheostomy
	Other; please specify:

Tick ✓ (all applicable)	Respiratory Support at time of review
	Nil
	Artificial airway i.e., NPA, Guedels, etc.
	Tracheostomy
	Oxygen support (low-flow)
	High-flow oxygen therapy
	Intermittent CPAP non-invasive ventilation (e.g., nocturnal)
	Intermittent bi-level non-invasive ventilation (e.g., nocturnal)
	Continuous CPAP non-invasive ventilation
	Continuous bi-level non-invasive ventilation
	Mechanical ventilation (spontaneous modes)
	Mechanical ventilation (controlled modes, i.e., rate-dependent)
	Other; please specify:

NB: pls allow multiple options to be selected

Tick ✓	Respiratory support interface at time of review
	Not applicable
	Nasal prongs/cannula
	High-flow nasal prongs/cannula
	Nasal mask
	Oral/nasal mask
	Face mask
	Intubation (NTT/ETT)
	Tracheostomy
	Other; please specify:

Tick ✓	**Suctioning prior to review** (between physiotherapy reviews, T_1-T_2)
	Nil (documented)
PERFORMED BY:	
	Parent
	Carer
	Nursing staff
	Other health staff
	Other, please specify:
ROUTE:	
	Oral
	Oropharyngeal
	Nasopharyngeal
	Tracheostomy
	Endotracheal
	Other, please specify:
DEVICE	
	Yankauer
	Soft catheter (short)
	Soft catheter (long)
FREQUENCY	
	> once/hourly
	once/hourly
	With every position change (pressure-area cares)
	Four times/daily
	Three times/daily
	Twice/daily
	Once daily
	Increased nocturnally, compared to during day/while awake
	Not enough information documented to comment
Any comments about sputum? (If relevant)	
Describe here:	

Vitals -	Latest recorded value:
HR	
RR	
SpO2	
Temperature (latest recorded, if available)	
BP (latest recorded, if available)	

Tick ✓	**Imaging prior to review** (since previous physiotherapy review)
	CXR
	CT
	Lung USS
	Other; please specify:
	Nil/Not available

If yes:

	Results of <u>imaging</u> available at time of review (since previous physiotherapy review)
	Please describe:

Value (#)	**Laboratory results at time of review** (since previous physiotherapy review)
	Not applicable / not available
ABG	
WCC	
CRP	
Hb	
Lactate	
	Other; please specify:

Tick ✓	**Any other investigation results (i.e., infections) available at time of review** (since previous physiotherapy review)
	Please specify:
	Not available

	Any subjective feedback or concerns in the last 24hrs/since previous physiotherapy review:
	Please list:

Physiotherapy Assessment:

Tick ✓	**Observations at time of review**
	Nil
	Colour change, including pallor, duskiness, redness, cyanosis
	Eyes open, calmly awake
	Grimacing / writhing
	Dyskinesia
	Signs of lethargy
	Other; please specify:

NB: pls allow multiple options to be selected

	Patient position at time of review
	Please describe:

Tick ✓	**State of alertness at time of review**
	Alert
	Drowsy
	Unrousable
	Sedated (i.e., for tube tolerance)
	Paralysed
	Agitated
	Documented ‘change’ in usual behaviour (i.e., subjective concern)
	Other; please specify:
	Not documented

NB: pls allow multiple options to be selected

Score (#)	Glasgow Coma Scale
Eyes	
Voice	
Motor	
TOTAL	
	Not documented

Tick ✓ (all applicable)	Auscultation at time of review
	Normal and symmetrical air entry
	Asymmetrical air entry
	Reduced air entry to specific lung regions
	Added sounds: inspiratory or expiratory wheeze
	Added sounds: fine crackles
	Added sounds: coarse crackles
	Upper airway transmitted sounds (e.g., stridor, wheeze, etc.)
	Other; please specify:
	Not documented

NB: pls allow multiple options to be selected

Tick ✓	Palpation at time of review
	Nil
	Tactile fremitus
	Other; please specify:
	Not documented

Tick ✓	COUGH at time of review
TRIGGER	
	Spontaneous
	Tracheal rub/sternal rub stimulated
	Position-change/activity induced
	Only with suctioning
	Absent
STRENGTH	
	Weak

	Moderate
	Strong
	Absent
PRODUCTIVENESS	
	Productive
	Non-productive
	Other; please specify:
	Not documented

Tick ✓	**Signs of increased work of breathing (WOB) at time of review** - ***TARGET SYMPTOM****
	Nasal flaring
	Head bob
	Accessory muscle use
	Tracheal tug
	Intercostal recession
	Subcostal recession
	Paradoxical breathing
	Reduced chest wall expansion
	Asymmetrical chest wall movements
	Respiratory rate increased
	Other; please specify:

NB: pls allow multiple options to be selected

Target Symptom Severity

☐ **Work of Breathing (WOB)**

◯ Mild ◯ Moderate ◯ Severe ◯ No symptom ◯ Ungradable

Criteria: Clinically subjective

If available:

Tick ✓	**Functional Abilities at time of review**
NEUROLOGICAL TONE	

	At baseline
	Different to baseline
	[Not documented]
If different to baseline, please select from the following:	
	Hypotonic
	Hypertonicity (e.g., spasticity)
	Dyskinesia
	Not documented
HEAD CONTROL	
	At baseline
	Below baseline
	[Not documented]
VOCALIZATION	
	At baseline
	Different to baseline
	[Not documented]
If different to baseline, please select from the following:	
	Agitated / upset (e.g. crying, screaming, etc.)
	Reduced vocalisations (including squeals, groans, etc.)
	Non-verbal
BEST GROSS-MOTOR FUNCTION	
	At baseline
	Different to baseline
	[Not documented]
If different to baseline, please select from the following:	
	Reliant on more assistance than usual for bed mobility/repositioning
	Reliant on more assistance or equipment than usual for supporting sitting either in bed or out of bed
	Reliant on more assistance or equipment than usual for standing and transferring out of bed
	Reliant on more assistance or mobility aids than usual for mobilizing
	Completely dependent on maximal assistance via manual handling equipment, such as sling hoisting, for all repositioning.

	Any subjective signs of fatigue documented:
	Please comment:

Intervention Commencement

Physiotherapy <u>intervention</u>

Tick ✓	Chest Physio Performed
	Prescribed mucolytics
	Prescribed bronchodilators
	Positive Expiratory Pressure devices
	Prescribed position changes
	Prescribed activity (e.g., bouncing over a fit ball)
	Manual techniques, e.g., percussion, vibrations
	Manually-assisted cough
	Mechanically-assisted cough/MI:E device
	VEST ©
	Interpulmonary Percussion Ventilator (IPV) device
	Suctioning
	Positive pressure ventilatory support
	Increased oxygen therapy support
	Advice & Education
	Other; (e.g., BIRD IPPB) please specify:

	Please comment any additional details of chest physiotherapy intervention performed:
	Please comment *(e.g., recommended position change for treatment; specific positive pressure device incorporated):*

T_2 (cont.) – Re-evaluation Immediately Post Physio Treatment

Tick ✓	**Any subjective feedback or concerns following Physiotherapy intervention:**
	Please list:

Tick ✓	**Change in signs of increased WOB immediately after physiotherapy intervention** - ***TARGET SYMPTOM**
	Increased signs of WOB / increased severity of existing signs
	Decreased signs of WOB / decreased severity of existing signs
	No change in signs or severity of increased work of breathing
	Other; please specify:
	Not documented/unable to comment from information available

Target Symptom Severity

☐ **Work of Breathing (WOB)**

◯ Mild ◯ Moderate ◯ Severe ◯ No symptom ◯ Ungradable

Criteria: Clinically subjective

Tick ✓	**Has there been a change in Airway immediately after physio?**
	Nil
	Own
	Nasopharyngeal
	Oropharyngeal/Guedel's
	Endotracheal / Nasotracheal
	Tracheostomy
	Other; please specify:

Tick ✓ (all applicable)	Has there been a change in Respiratory Support after physio?
	Nil
	Cessation of supplemental oxygen (i.e., on room air)
	Artificial airway i.e., NPA, Guedels, etc.
	Tracheostomy
	Oxygen support (low-flow)
	High-flow oxygen therapy
	Intermittent CPAP non-invasive ventilation (e.g., nocturnal)
	Intermittent Bi-level non-invasive ventilation (e.g., nocturnal)
	Continuous CPAP non-invasive ventilation
	Continuous bi-level non-invasive ventilation
	Intubation
	Mechanical ventilation (spontaneous modes)
	Mechanical ventilation (controlled modes, i.e., rate-dependent)
	Extubation
	Reduction in FiO2
	Increase in FiO2
	Reduction in positive pressure support/flow rate
	Increase in positive pressure support/flow rate
	Other; please specify:

Has there been any documented change in vitals immediately post physiotherapy review?

Vitals	Value
HR	
RR	
SpO2	
Temperature	
BP	

Tick ✓	Observations immediately after physiotherapy intervention
	Nil
	Colour change, including pallor, duskiness, redness, cyanosis
	Eyes open, calmly awake
	Grimacing / writhing

	Dyskinesia
	Signs of lethargy
	Other; please specify:

NB: pls allow multiple options to be selected

Tick ✓	**State of alertness immediately after physiotherapy intervention**
	Alert
	Drowsy
	Unrousable
	Sedated (i.e., for tube tolerance)
	Paralysed
	Intubation (NTT/ETT)
	Agitated
	Documented 'change' in usual behaviour (i.e., subjective concern)
	Other; please specify:
	Not documented

Tick ✓ (all applicable)	**Auscultation immediately after physiotherapy intervention**
	Normal and symmetrical air entry
	Asymmetrical air entry
	Reduced air entry to specific lung regions
	Added sounds: inspiratory or expiratory wheeze
	Added sounds: fine crackles
	Added sounds: coarse crackles
	Upper airway transmitted sounds (e.g., stridor, wheeze, etc.)
	Other; please specify:
	Not documented

Tick ✓	**Palpation immediately after physiotherapy intervention**
	Nil
	Tactile fremitus
	Other; please specify:

	Not assessed/documented
Tick ✓ (all applicable)	**COUGH immediately after physiotherapy intervention**
TRIGGER	
	Spontaneous
	Tracheal rub/sternal rub stimulated
	Position-change/activity induced
	Only with suctioning
	Absent
STRENGTH	
	Weak
	Moderate
	Strong
	Absent
PRODUCTIVENESS	
	Productive
	Non-productive
	Other; please specify:
	Not documented

Tick ✓ (all applicable)	**Functional Abilities immediately after physiotherapy intervention**
NEUROLOGICAL TONE	
	At baseline (pre-admission)
	Different to baseline
	[Not documented]
If different to baseline, please select from the following:	
	Hypotonic
	Hypertonicity (e.g., spasticity)
	Dyskinesia
	Not documented
HEAD CONTROL	
	At baseline (pre-admission)
	Below baseline

	[Not documented]
VOCALIZATION	
	At baseline (pre-admission)
	Different to baseline
	[Not documented]
If different to baseline, please select from the following:	
	Agitated / upset
	Reduced vocalisations (including squeals, giggles, etc.)
	Non-verbal
BEST GROSS-MOTOR FUNCTION	
	At baseline (pre-admission)
	Different to baseline
	[Not documented]
If different to baseline, please select from the following:	
	Reliant on more assistance than usual for bed mobility/repositioning
	Reliant on more assistance or equipment than usual for supporting sitting either in bed or out of bed
	Reliant on more assistance or equipment than usual for standing and transferring out of bed
	Reliant on more assistance or mobility aids than usual for mobilizing
	Completely dependent on maximal assistance via manual handling equipment, such as sling hoisting, for all repositioning.
	Functional improvement – requiring less assistance to achieve baseline gross motor skills or gained novel motor skills

	Any subjective signs of fatigue documented:
	Please comment:

ADVERSE EVENTS - Following Respiratory Physiotherapy Intervention (T_2)
(Please grade all harms)

☐ **Pneumothorax / Barotrauma**
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ Ungradable ○ No Symptom

Definition (Pneumothorax): A disorder characterized by abnormal presence of air in the pleural cavity resulting in the collapse of the lung.
NCI Criteria
Grade 1: Asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated
Grade 2: Moderate; minimal, local or non-invasive intervention indicated; limiting age-appropriate instrumental ADL.
Grade 3: Severe or medically significant but not immediately life threatening; hospitalization or prolongation of existing hospitalization indicated; limiting self-care ADL.
Grade 4: Life-threatening consequences; urgent intervention indicated.
Grade 5: Death related to adverse event.

☐ **Haemoptysis**
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ Ungradable ○ No Symptom

Definition (Trachael haemorrhage / Bronchopulmonary haemorrhage): A disorder characterized by bleeding from the trachea / bronchial wall and/or lung parenchyma.
NCI Criteria
Grade 1: Mild symptoms; intervention not indicated
Grade 2: Moderate symptoms; invasive intervention not indicated
Grade 3: Transfusion indicated; invasive intervention indicated; hospitalization
Grade 4: Life-threatening consequences; urgent intervention indicated
Grade 5: Death related to adverse event

☐ **Musculoskeletal Trauma (e.g., rib fractures)**
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ Ungradable ○ No Symptom

FRACTURE -
Definition: A finding of traumatic injury to the bone in which the continuity of the bone is broken.
NCI Criteria
Grade 1: Asymptomatic; clinical or diagnostic observations only; intervention not indicated
Grade 2: Symptomatic but nondisplaced; immobilization indicated
Grade 3: Severe symptoms; displaced or open wound with bone exposure; limiting self-care ADL; operative intervention indicated
Grade 4: Life-threatening consequences; urgent intervention indicated
Grade 5: Death related to adverse event

☐ **Falls**
○ 1 ○ 2 ○ 3 ○ Ungradable ○ No Symptom

Definition: A finding of sudden movement downward, usually resulting in injury.
NCI Criteria
Grade 1: Minor with no resultant injuries; intervention not indicated
Grade 2: Symptomatic; non-invasive intervention indicated
Grade 3: Hospitalization indicated; invasive intervention indicated

☐ **Syncopal episode**
○ 3 ○ Ungradable ○ No Symptom

SYNCOPE (Fainting; orthostatic collapse) - Definition: A disorder characterized by spontaneous loss of consciousness caused by insufficient blood supply to the brain. Grade 3: Fainting; orthostatic collapse

☐ **Additional other harm** (only if applicable-can be related or unrelated to intervention)
Please specify additional other harm here _____

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ Ungradable ○ No symptom *NCI Criteria* Grade 1: Asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated Grade 2: Moderate; minimal, local or non-invasive intervention indicated; limiting age appropriate *instrumental ADL. Grade 3: Severe or medically significant but not immediately life threatening; hospitalization or prolongation of existing hospitalization indicated; limiting **self-care ADL. Grade 4: Life-threatening consequences; urgent intervention indicated. Grade 5: Death related to adverse event. **Instrumental ADL refer to preparing meals, shopping for groceries or clothes, using the telephone, managing money, etc.* ***Self-care ADL refer to bathing, dressing and undressing, feeding self, using the toilet, taking medications, and not bedridden.*

Key questions derived from the Naranjo modified check list (only complete this if a harm scored 3 or more)

6. Did the adverse reaction appear after the suspected intervention was delivered?	Yes ○	NO ○	Don't know ○
7. Did the adverse reaction improve when the intervention was discontinued or a specific antagonist was given?	Yes ○	NO ○	Don't know ○
8. Are there alternative causes (other than the intervention) that could on their own have caused the reaction?	Yes ○	NO ○	Don't know ○
9. Did the patient have a similar reaction to the same or similar intervention in any previous exposure?	Yes ○	NO ○	Don't know ○
10. Was the adverse event confirmed by any objective evidence?	Yes ○	NO ○	Don't know ○

Post-harms assessment:

Has a change in the intended treatment (Respiratory Physiotherapy intervention) occurred as a result of today's assessment (T_2)?

Intervention of interest (respiratory physiotherapy) ceased	○
Intervention of interest increased (i.e., frequency increased)	○
Intervention of interest decreased (i.e., frequency reduced)	○
No change to intervention/continue current dose of respiratory physiotherapy	○

Has an intervention/medication been added to treat a specific harm? If yes, please specify here:_____	◯ Yes ◯ No

Based on the assessment today has the harm (from any adverse events associated with respiratory physiotherapy intervention) resolved?

Yes◯ No◯ N/A◯

T_3 – Third Physiotherapy Assessment & Intervention *(7 -10 days of initial physiotherapy review)*			
Date and Time of assessment			
Date	dd/mm/yyyy	**Time (24hr clock)**	00:00
# Day of current admission		***(where D0=date of admission -OR- for OUTPATIENT/AMBULATORY services, calculate as per T1 instructions)***	

T_3: Assessed/Not assessed reason

◯ Assessed today (continue to complete T_3)

OR

◯ Died

◯ Not able to be contacted / located

◯ Too unwell/unstable (Clinical request not to review patient)

◯ Clinically improved – not indication for repeat physiotherapy review

◯ Other

Please jump to "Intervention Cessation Form".

Tick ✓	**Place of Care**
	Emergency department
	Intensive Care Unit (ICU)
	Acute hospital ward
	Paediatric Palliative Care Hospice
	Patient's Home
	Other; please specify:

	Any medication changes since last physiotherapy review:
	Please list:

Tick ✓	**Airway at time of review**

	Own
	Nasopharyngeal
	Oropharyngeal/Guedel's
	Endotracheal / Nasotracheal
	Tracheostomy
	Other; please specify:

Tick ✓ (all applicable)	**Respiratory Support at time of review**
	Nil
	Artificial airway i.e., NPA, Guedels, etc.
	Tracheostomy
	Oxygen support (low-flow)
	High-flow oxygen therapy
	Intermittent CPAP non-invasive ventilation (e.g., nocturnal)
	Intermittent Bi-level non-invasive ventilation (e.g., nocturnal)
	Continuous CPAP non-invasive ventilation
	Continuous bi-level non-invasive ventilation
	Mechanical ventilation (spontaneous modes)
	Mechanical ventilation (controlled modes, i.e., rate-dependent)
	Other; please specify:

NB: pls allow multiple options to be selected

Tick ✓	**Respiratory support interface at time of review**
	Not applicable
	Nasal prongs/cannula
	High-flow nasal prongs/cannula
	Nasal mask
	Oral/nasal mask
	Face mask
	Intubation (NTT/ETT)
	Tracheostomy
	Other; please specify:

Tick ✓	**Suctioning prior to review** (between physiotherapy reviews, T_2-T_3)
	Nil (documented)
PERFORMED BY:	
	Parent
	Carer
	Nursing staff
	Other health staff
	Other, please specify:
ROUTE:	
	Oral
	Oropharyngeal
	Nasopharyngeal
	Tracheostomy
	Endotracheal
	Other, please specify:
DEVICE	
	Yankauer
	Soft catheter (short)
	Soft catheter (long)
FREQUENCY	
	> once/hourly
	once/hourly
	With every position change (pressure-area cares)
	Four times/daily
	Three times/daily
	Twice/daily
	Once daily
	Increased nocturnally, compared to during day/while awake
	Not enough information documented to comment
Any comments about sputum? (If relevant)	
Describe here:	

Vitals -	Latest recorded value:
HR	
RR	
SpO2	
Temperature (latest recorded, if available)	
BP (latest recorded, if available)	

Tick ✓	**Imaging prior to review** (since previous physiotherapy review)
	CXR
	CT
	Lung USS
	Other; please specify:
	Nil/Not available

If yes:

	Results of <u>imaging</u> available at time of review (since previous physiotherapy review)
	Please describe:

Value (#)	**Laboratory results at time of review** (since previous physiotherapy review)
	Not applicable / not available
ABG	
WCC	
CRP	
Hb	
Lactate	
	Other; please specify:

Tick ✓	**Any other investigation results (i.e., infections) available at time of review** (since previous physiotherapy review)
	Please specify:
	Not available

	Any pertinent SUBJECTIVE CONCERNS since previous physiotherapy review (i.e. between T_2-T_3):
	Please list:

Physiotherapy Assessment:

Tick ✓	**Observations at time of review**
	Nil
	Colour change, including pallor, duskiness, redness, cyanosis
	Eyes open, calmly awake
	Grimacing / writhing
	Dyskinesia
	Signs of lethargy
	Other; please specify:

NB: pls allow multiple options to be selected

	Patient position at time of review
	Please describe:

Tick ✓	**State of alertness at time of review**
	Alert
	Drowsy
	Unrousable
	Sedated (i.e., for tube tolerance)
	Paralysed
	Agitated
	Documented ‘change’ in usual behaviour (i.e., subjective concern)
	Other; please specify:
	Not documented

NB: pls allow multiple options to be selected

Score (#)	Glasgow Coma Scale
Eyes	
Voice	
Motor	
TOTAL	
	Not documented

Tick ✓ (all applicable)	Auscultation at time of review
	Normal and symmetrical air entry
	Asymmetrical air entry
	Reduced air entry to specific lung regions
	Added sounds: inspiratory or expiratory wheeze
	Added sounds: fine crackles
	Added sounds: coarse crackles
	Upper airway transmitted sounds (e.g., stridor, wheeze, etc.)
	Other; please specify:
	Not documented

NB: pls allow multiple options to be selected

Tick ✓	Palpation at time of review
	Nil
	Tactile fremitus
	Other; please specify:
	Not documented

Tick ✓	COUGH at time of review
TRIGGER	
	Spontaneous
	Tracheal rub/sternal rub stimulated
	Position-change/activity induced
	Only with suctioning
	Absent
STRENGTH	
	Weak

	Moderate
	Strong
	Absent
PRODUCTIVENESS	
	Productive
	Non-productive
	Other; please specify:
	Not documented

Tick ✓	**Signs of increased work of breathing (WOB) at time of review** - ***TARGET SYMPTOM****
	Nasal flaring
	Head bob
	Accessory muscle use
	Tracheal tug
	Intercostal recession
	Subcostal recession
	Paradoxical breathing
	Reduced chest wall expansion
	Asymmetrical chest wall movements
	Respiratory rate increased
	Other; please specify:

NB: pls allow multiple options to be selected

Target Symptom Severity

☐ **Work of Breathing (WOB)**

◯ Mild ◯ Moderate ◯ Severe ◯ No symptom ◯ Ungradable

Criteria: Clinically subjective

If available:

Tick ✓	**Functional Abilities at time of review**
NEUROLOGICAL TONE	

	At baseline
	Different to baseline
	[Not documented]
If different to baseline, please select from the following:	
	Hypotonic
	Hypertonicity (e.g., spasticity)
	Dyskinesia
	Not documented
HEAD CONTROL	
	At baseline
	Below baseline
	[Not documented]
VOCALIZATION	
	At baseline
	Different to baseline
	[Not documented]
If different to baseline, please select from the following:	
	Agitated / upset (e.g. crying, screaming, etc.)
	Reduced vocalisations (including squeals, groans, etc.)
	Non-verbal
BEST GROSS-MOTOR FUNCTION	
	At baseline
	Different to baseline
	[Not documented]
If different to baseline, please select from the following:	
	Reliant on more assistance than usual for bed mobility/repositioning
	Reliant on more assistance or equipment than usual for supporting sitting either in bed or out of bed
	Reliant on more assistance or equipment than usual for standing and transferring out of bed
	Reliant on more assistance or mobility aids than usual for mobilizing
	Completely dependent on maximal assistance via manual handling equipment, such as sling hoisting, for all repositioning.

	Any subjective signs of fatigue documented:
	Please comment:

Intervention Commencement

Physiotherapy <u>intervention</u>

Tick ✓	Chest Physio Performed
	Prescribed mucolytics
	Prescribed bronchodilators
	Positive Expiratory Pressure devices
	Prescribed position changes
	Prescribed activity (e.g., bouncing over a fit ball)
	Manual techniques, e.g., percussion, vibrations
	Manually-assisted cough
	Mechanically-assisted cough/MI:E device
	VEST ©
	Interpulmonary Percussion Ventilator (IPV) device
	Suctioning
	Positive pressure ventilatory support
	Increased oxygen therapy support
	Advice & Education
	Other; (e.g., BIRD IPPB) please specify:

	Please comment any additional details of chest physiotherapy intervention performed:
	Please comment *(e.g., recommended position change for treatment; specific positive pressure device incorporated):*

T_3 (cont.) – Re-evaluation Immediately Post Initial Physio Treatment

Tick ✓	**Any subjective feedback or concerns immediately following Physiotherapy intervention:**
	Please list:

Tick ✓	**Change in signs of increased WOB immediately after physiotherapy intervention** - ***TARGET SYMPTOM****
	Increased signs of WOB / increased severity of existing signs
	Decreased signs of WOB / decreased severity of existing signs
	No change in signs or severity of increased work of breathing
	Other; please specify:
	Not documented/unable to comment from information available

Target Symptom Severity

☐ **Work of Breathing (WOB)**

◯ Mild ◯ Moderate ◯ Severe ◯ No symptom ◯ Ungradable

Criteria: Clinically subjective

Tick ✓	**Has there been a change in Airway immediately after physio?**
	Nil
	Own
	Nasopharyngeal
	Oropharyngeal/Guedel's
	Endotracheal / Nasotracheal
	Tracheostomy
	Other; please specify:

Tick ✓ (all applicable)	Has there been a change in Respiratory Support after physio?
	Nil
	Cessation of supplemental oxygen (i.e., on room air)
	Artificial airway i.e., NPA, Guedels, etc.
	Tracheostomy
	Oxygen support (low-flow)
	High-flow oxygen therapy
	Intermittent CPAP non-invasive ventilation (e.g., nocturnal)
	Intermittent Bi-level non-invasive ventilation (e.g., nocturnal)
	Continuous CPAP non-invasive ventilation
	Continuous bi-level non-invasive ventilation
	Intubation
	Mechanical ventilation (spontaneous modes)
	Mechanical ventilation (controlled modes, i.e., rate-dependent)
	Extubation
	Reduction in FiO2
	Increase in FiO2
	Reduction in positive pressure support/flow rate
	Increase in positive pressure support/flow rate
	Other; please specify:

Has there been any documented change in vitals immediately post physiotherapy review?

Vitals	Value
HR	
RR	
SpO2	
Temperature	
BP	

Tick ✓	Observations immediately after physiotherapy intervention
	Nil
	Colour change, including pallor, duskiness, redness, cyanosis
	Eyes open, calmly awake
	Grimacing / writhing

	Dyskinesia
	Signs of lethargy
	Other; please specify:

NB: pls allow multiple options to be selected

Tick ✓	**State of alertness immediately after physiotherapy intervention**
	Alert
	Drowsy
	Unrousable
	Sedated (i.e., for tube tolerance)
	Paralysed
	Intubation (NTT/ETT)
	Agitated
	Documented 'change' in usual behaviour (i.e., subjective concern)
	Other; please specify:
	Not documented

Tick ✓ (all applicable)	**Auscultation immediately after physiotherapy intervention**
	Normal and symmetrical air entry
	Asymmetrical air entry
	Reduced air entry to specific lung regions
	Added sounds: inspiratory or expiratory wheeze
	Added sounds: fine crackles
	Added sounds: coarse crackles
	Upper airway transmitted sounds (e.g., stridor, wheeze, etc.)
	Other; please specify:
	Not documented

Tick ✓	**Palpation immediately after physiotherapy intervention**
	Nil
	Tactile fremitus

	Other; please specify:
	Not assessed/documented

Tick ✓ (all applicable)	**COUGH immediately after physiotherapy intervention**
TRIGGER	
	Spontaneous
	Tracheal rub/sternal rub stimulated
	Position-change/activity induced
	Only with suctioning
	Absent
STRENGTH	
	Weak
	Moderate
	Strong
	Absent
PRODUCTIVENESS	
	Productive
	Non-productive
	Other; please specify:
	Not documented

Tick ✓ (all applicable)	**Functional Abilities immediately after physiotherapy intervention**
NEUROLOGICAL TONE	
	At baseline (pre-admission)
	Different to baseline
	[Not documented]
If different to baseline, please select from the following:	
	Hypotonic
	Hypertonicity (e.g., spasticity)
	Dyskinesia

	Not documented
HEAD CONTROL	
	At baseline (pre-admission)
	Below baseline
	[Not documented]
VOCALIZATION	
	At baseline (pre-admission)
	Different to baseline
	[Not documented]
If different to baseline, please select from the following:	
	Agitated / upset
	Reduced vocalisations (including squeals, giggles, etc.)
	Non-verbal
BEST GROSS-MOTOR FUNCTION	
	At baseline (pre-admission)
	Different to baseline
	[Not documented]
If different to baseline, please select from the following:	
	Reliant on more assistance than usual for bed mobility/repositioning
	Reliant on more assistance or equipment than usual for supporting sitting either in bed or out of bed
	Reliant on more assistance or equipment than usual for standing and transferring out of bed
	Reliant on more assistance or mobility aids than usual for mobilizing
	Completely dependent on maximal assistance via manual handling equipment, such as sling hoisting, for all repositioning.
	Functional improvement – requiring less assistance to achieve baseline gross motor skills or gained novel motor skills

	Any subjective signs of fatigue documented:
	Please comment:

ADVERSE EVENTS - Following Respiratory Physiotherapy Intervention (T_3)
(Please grade all harms)

☐ **Pneumothorax / Barotrauma**
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ Ungradable ○ No Symptom

Definition (Pneumothorax): A disorder characterized by abnormal presence of air in the pleural cavity resulting in the collapse of the lung.
NCI Criteria
Grade 1: Asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated
Grade 2: Moderate; minimal, local or non-invasive intervention indicated; limiting age-appropriate instrumental ADL.
Grade 3: Severe or medically significant but not immediately life threatening; hospitalization or prolongation of existing hospitalization indicated; limiting self-care ADL.
Grade 4: Life-threatening consequences; urgent intervention indicated.
Grade 5: Death related to adverse event.

☐ **Haemoptysis**
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ Ungradable ○ No Symptom

Definition (Trachael haemorrhage / Bronchopulmonary haemorrhage): A disorder characterized by bleeding from the trachea / bronchial wall and/or lung parenchyma.
NCI Criteria
Grade 1: Mild symptoms; intervention not indicated
Grade 2: Moderate symptoms; invasive intervention not indicated
Grade 3: Transfusion indicated; invasive intervention indicated; hospitalization
Grade 4: Life-threatening consequences; urgent intervention indicated
Grade 5: Death related to adverse event

☐ **Musculoskeletal Trauma (e.g., rib fractures)**
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ Ungradable ○ No Symptom

FRACTURE -
Definition: A finding of traumatic injury to the bone in which the continuity of the bone is broken.
NCI Criteria
Grade 1: Asymptomatic; clinical or diagnostic observations only; intervention not indicated
Grade 2: Symptomatic but nondisplaced; immobilization indicated
Grade 3: Severe symptoms; displaced or open wound with bone exposure; limiting self-care ADL; operative intervention indicated
Grade 4: Life-threatening consequences; urgent intervention indicated
Grade 5: Death related to adverse event

☐ **Falls**
○ 1 ○ 2 ○ 3 ○ Ungradable ○ No Symptom

Definition: A finding of sudden movement downward, usually resulting in injury.
NCI Criteria
Grade 1: Minor with no resultant injuries; intervention not indicated
Grade 2: Symptomatic; non-invasive intervention indicated
Grade 3: Hospitalization indicated; invasive intervention indicated

☐ **Syncopal episode**
○ 3 ○ Ungradable ○ No Symptom

SYNCOPE (Fainting; orthostatic collapse) - Definition: A disorder characterized by spontaneous loss of consciousness caused by insufficient blood supply to the brain. Grade 3: Fainting; orthostatic collapse

☐ **Additional other harm** (only if applicable-can be related or unrelated to intervention)
Please specify additional other harm here _____

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ Ungradable ○ No symptom *NCI Criteria* Grade 1: Asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated Grade 2: Moderate; minimal, local or non-invasive intervention indicated; limiting age appropriate *instrumental ADL. Grade 3: Severe or medically significant but not immediately life threatening; hospitalization or prolongation of existing hospitalization indicated; limiting **self-care ADL. Grade 4: Life-threatening consequences; urgent intervention indicated. Grade 5: Death related to adverse event. **Instrumental ADL refer to preparing meals, shopping for groceries or clothes, using the telephone, managing money, etc.* ***Self-care ADL refer to bathing, dressing and undressing, feeding self, using the toilet, taking medications, and not bedridden.*

Key questions derived from the Naranjo modified check list (only complete this if a harm scored 3 or more)

11. Did the adverse reaction appear after the suspected intervention was delivered?	Yes ○	NO ○	Don't know ○
12. Did the adverse reaction improve when the intervention was discontinued or a specific antagonist was given?	Yes ○	NO ○	Don't know ○
13. Are there alternative causes (other than the intervention) that could on their own have caused the reaction?	Yes ○	NO ○	Don't know ○
14. Did the patient have a similar reaction to the same or similar intervention in any previous exposure?	Yes ○	NO ○	Don't know ○
15. Was the adverse event confirmed by any objective evidence?	Yes ○	NO ○	Don't know ○

Post-harms assessment:

Has a change in the intended treatment (Respiratory Physiotherapy intervention) occurred as a result of today's assessment (T_3)?

Intervention of interest (respiratory physiotherapy) ceased	○
Intervention of interest increased (i.e., frequency increased)	○
Intervention of interest decreased (i.e., frequency reduced)	○
No change to intervention/continue current dose of respiratory physiotherapy	○

Has an intervention/medication been added to treat a specific harm? If yes, please specify here:_____	◯ Yes ◯ No

Based on the assessment today has the harm (from any adverse events associated with respiratory physiotherapy intervention) resolved?

Yes◯ No◯ N/A◯

Intervention Cessation (only complete this page if the intervention/medication of interest is ceased at any point during the study period)

Date of assessment
dd/mm/yyyy

Intervention was ceased (related to intervention)

Symptom resolved: date of resolution- --/--/----	◯
Symptom worsened (requiring escalation of clinical care)	◯
Symptom continued unchanged	◯
Clinically stable /returned to baseline	◯

Intervention was ceased (related to other reasons)

Harm	◯
Patient unable to tolerate intervention: Please specify: _____	◯
Other: Please specify here:_____	◯

What treatment did you subsequently initiate following the cessation of the non-pharmaceutical respiratory physiotherapy intervention?

Date of Death (if applicable)

dd/mm/yyyy

End Survey Here

Please only complete these forms if an adverse event occurred that impacted on repeating or completing 'Physiotherapy Intervention' for the patient, but was unrelated or in between physiotherapy reviews (e.g. discharge against medical advice).

Adhoc A - Unscheduled Harm/Toxicity Assessment

Please complete the survey below.

Were there any adhoc harms?

◯ Yes ◯ No

Date of assessment

dd/mm/yyyy

Date of adhoc harm/adverse event

dd/mm/yyyy

Harm Assessment (Please grade all harms)

☐ *Please specify other harm 1 here:* _____

◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ Ungradable ◯ No Symptom

NCI Criteria
Grade 1: Asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated
Grade 2: Moderate; minimal, local or noninvasive intervention indicated; limiting ageappropriate instrumental ADL
Grade 3: Severe or medically significant but not immediately life threatening; hospitalization or prolongation of existing hospitalization indicated; limiting self care ADL
Grade 4: Life-threatening consequences; urgent intervention indicated
Grade 5: Death

☐ *Please specify other harm 2 here:* _____

◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ Ungradable ◯ No Symptom

NCI Criteria
Grade 1: Asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated
Grade 2: Moderate; minimal, local or noninvasive intervention indicated; limiting ageappropriate instrumental ADL
Grade 3: Severe or medically significant but not immediately life threatening; hospitalization or prolongation of existing hospitalization indicated; limiting self care ADL
Grade 4: Life-threatening consequences; urgent intervention indicated
Grade 5: Death

☐ **Social Circumstances** (only if applicable-can be related or unrelated to intervention)
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ Ungradable ○ No Symptom

NCI Criteria
Grade 1: Asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated
Grade 2: Moderate; minimal, local or noninvasive intervention indicated; limiting ageappropriate instrumental ADL
Grade 3: Severe or medically significant but not immediately life threatening; hospitalization or prolongation of existing hospitalization indicated; limiting self care ADL
Grade 4: Life-threatening consequences; urgent intervention indicated
Grade 5: Death

☐ **Additional other harm** (only if applicable-can be related or unrelated to intervention)
Please specify additional other harm here _____

○ mild ○ moderate ○ severe ○ ungradable
Please provide more details:

Which harm is the most troublesome? (Select one only)

Other harm 1	○
Other harm 2	○
Social circumstances	○
Additional other harm	○
Not applicable	○

Key questions derived from the Naranjo modified check list (only complete this if a harm scored 3 or more)

1. Did the adverse reaction appear after the suspected drug was given?	Yes ○	NO ○	Don't know ○
2. Did the adverse reaction improve when the drug was discontinued or a specific antagonist was given?	Yes ○	NO ○	Don't know ○
3. Are there alternative causes (other than the drug) that could on their own have caused the reaction?	Yes ○	NO ○	Don't know ○
4. Did the patient have a similar reaction to the same or similar drug in any previous exposure?	Yes ○	NO ○	Don't know ○
5. Was the adverse event confirmed by any objective evidence?	Yes ○	NO ○	Don't know ○

Complete only if applicable

Adhoc B – Unscheduled Harm/Toxicity Assessment

Please complete the survey below.

Were there any adhoc harms?

○ Yes ○ No

Date of assessment

dd/mm/yyyy

Date of adhoc harm/adverse event

dd/mm/yyyy

Harm Assessment (Please grade all harms)

☐ *Please specify other harm 1 here:* _____

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ Ungradable ○ No Symptom

NCI Criteria
Grade 1: Asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated
Grade 2: Moderate; minimal, local or noninvasive intervention indicated; limiting ageappropriate instrumental ADL
Grade 3: Severe or medically significant but not immediately life threatening; hospitalization or prolongation of existing hospitalization indicated; limiting self care ADL
Grade 4: Life-threatening consequences; urgent intervention indicated
Grade 5: Death

☐ *Please specify other harm 2 here:* _____

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ Ungradable ○ No Symptom

NCI Criteria
Grade 1: Asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated
Grade 2: Moderate; minimal, local or noninvasive intervention indicated; limiting ageappropriate instrumental ADL
Grade 3: Severe or medically significant but not immediately life threatening; hospitalization or prolongation of existing hospitalization indicated; limiting self care ADL
Grade 4: Life-threatening consequences; urgent intervention indicated
Grade 5: Death

☐ **Social Circumstances** (only if applicable-can be related or unrelated to intervention)

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ Ungradable ○ No Symptom

NCI Criteria
Grade 1: Asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated
Grade 2: Moderate; minimal, local or noninvasive intervention indicated; limiting ageappropriate instrumental ADL

Grade 3: Severe or medically significant but not immediately life threatening; hospitalization or prolongation of existing hospitalization indicated; limiting self care ADL Grade 4: Life-threatening consequences; urgent intervention indicated Grade 5: Death

☐ **Additional other harm** (only if applicable-can be related or unrelated to intervention)
Please specify additional other harm here _____

○ mild ○ moderate ○ severe ○ ungradable *Please provide more details:*

Which harm is the most troublesome? (Select one only)

Other harm 1	○
Other harm 2	○
Social circumstances	○
Additional other harm	○
Not applicable	○

Key questions derived from the Naranjo modified check list (only complete this if a harm scored 3 or more)

6. Did the adverse reaction appear after the suspected drug was given?	Yes ○	NO ○	Don't know ○
7. Did the adverse reaction improve when the drug was discontinued or a specific antagonist was given?	Yes ○	NO ○	Don't know ○
8. Are there alternative causes (other than the drug) that could on their own have caused the reaction?	Yes ○	NO ○	Don't know ○
9. Did the patient have a similar reaction to the same or similar drug in any previous exposure?	Yes ○	NO ○	Don't know ○
10. Was the adverse event confirmed by any objective evidence?	Yes ○	NO ○	Don't know ○

Complete only if applicable

Adhoc C - Unscheduled Harm/Toxicity Assessment

Please complete the survey below.

Were there any adhoc harms?

○ Yes ○ No

Date of assessment

dd/mm/yyyy

Date of adhoc harm/adverse event

dd/mm/yyyy

Harm Assessment (Please grade all harms)

☐ *Please specify other harm 1 here:* _____

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ Ungradable ○ No Symptom

NCI Criteria
Grade 1: Asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated
Grade 2: Moderate; minimal, local or noninvasive intervention indicated; limiting ageappropriate instrumental ADL
Grade 3: Severe or medically significant but not immediately life threatening; hospitalization or prolongation of existing hospitalization indicated; limiting self care ADL
Grade 4: Life-threatening consequences; urgent intervention indicated
Grade 5: Death

☐ *Please specify other harm 2 here:* _____

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ Ungradable ○ No Symptom

NCI Criteria
Grade 1: Asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated
Grade 2: Moderate; minimal, local or noninvasive intervention indicated; limiting ageappropriate instrumental ADL
Grade 3: Severe or medically significant but not immediately life threatening; hospitalization or prolongation of existing hospitalization indicated; limiting self care ADL
Grade 4: Life-threatening consequences; urgent intervention indicated
Grade 5: Death

☐ **Social Circumstances** (only if applicable-can be related or unrelated to intervention)

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ Ungradable ○ No Symptom

NCI Criteria
Grade 1: Asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated
Grade 2: Moderate; minimal, local or noninvasive intervention indicated; limiting ageappropriate instrumental ADL

Grade 3: Severe or medically significant but not immediately life threatening; hospitalization or prolongation of existing hospitalization indicated; limiting self care ADL Grade 4: Life-threatening consequences; urgent intervention indicated Grade 5: Death

☐ **Additional other harm** (only if applicable-can be related or unrelated to intervention)
Please specify additional other harm here _____

○ mild ○ moderate ○ severe ○ ungradable *Please provide more details:*

Which harm is the most troublesome? (Select one only)

Other harm 1	○
Other harm 2	○
Social circumstances	○
Additional other harm	○
Not applicable	○

Key questions derived from the Naranjo modified check list (only complete this if a harm scored 3 or more)

11. Did the adverse reaction appear after the suspected drug was given?	Yes ○	NO ○	Don't know ○
12. Did the adverse reaction improve when the drug was discontinued or a specific antagonist was given?	Yes ○	NO ○	Don't know ○
13.Are there alternative causes (other than the drug) that could on their own have caused the reaction?	Yes ○	NO ○	Don't know ○
14.Did the patient have a similar reaction to the same or similar drug in any previous exposure?	Yes ○	NO ○	Don't know ○
15.Was the adverse event confirmed by any objective evidence?	Yes ○	NO ○	Don't know ○

END OF SURVEY