

Nursing IPA Patient ID here Admitted: Date Feedback

Exit

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Yellow items are the minimum requirement for a short form assessment

How much breathing discomfort (shortness of breath) does the patient report now?

How much breathing discomfort (shortness of breath) does the patient have right now? must be filled in.

0 None
  1
  2
  3 Mild
  5 Moderate
  6
  7
  8 Severe
  9
  10 Unbearable
  Unable to respond

During the 24 hrs before the patient came to the hospital, what was the worst level of breathing discomfort (shortness of breath) the patient experienced?

Breathing discomfort over last 24 hrs must be filled in.

0 None
  1
  2
  3 Mild
  4
  5 Moderate
  7 Severe
  8
  9
  10 Unbearable
  Unable to respond

What was the patient doing when the patient experienced their worst breathing discomfort?

If the patient has experienced discomfort in the past 24 hours this question is required

- Heavier activity (e.g. mowing the lawn, raking leaves, walking uphill)
- Moderate activity (e.g. walking, making the bed)
- Light activity (e.g. eating, dressing, speaking, preparing lunch)
- Resting (e.g. sitting in a chair or lying in bed)

Has the shortness of breath gotten worse in the last week (before coming to the hospital)?

If the patient has experienced discomfort in the past 24 hours this question is required

About the same
  Worse
  Much worse

**eFigure 1.** Screenshot of tool that nurses use for measuring dyspnea on 0-10 point scale during first nursing shift for all patients admitted to non-intensive care unit beds at our single tertiary care center. The first two 10 point scales are required fields. The activity level and whether the shortness of breath has gotten worse are not completed if patient says 0 to the second scale (breathing discomfort over last 24hrs).