

CoughAssist T70

Airway clearance assessment

Patient name: _____ Date of birth: _____

This questionnaire can be used to assess and monitor a patient's status in the area of airway clearance.

1. Does the patient have an effective cough?
 Yes No
2. Does the patient have a diagnosis that contributes to a low peak cough flow?
 Yes No
3. Has the patient had repeated respiratory infections?
 Yes No
4. Does the patient require suctioning multiple times per day?
 Yes No
5. Are secretions thick?
 Yes No
6. Are secretions yellowish or green in color or blood tinged?
 Yes No

Comments: _____

Clinician signature

Date