

Guidelines for Management of Exacerbation of COPD in Primary Care



NHS Calderdale CCG, NHS Greater Huddersfield CCG, NHS North Kirklees CCG, NHS Wakefield CCG Mid Yorkshire NHS Hospitals Trust and Calderdale and Huddersfield Foundation Trust

Symptoms of exacerbations

At least 2 of the following changes in the individual's usual symptoms:

- Increased sputum volume/thickness
- Change in sputum colour
- Increased breathlessness/cough

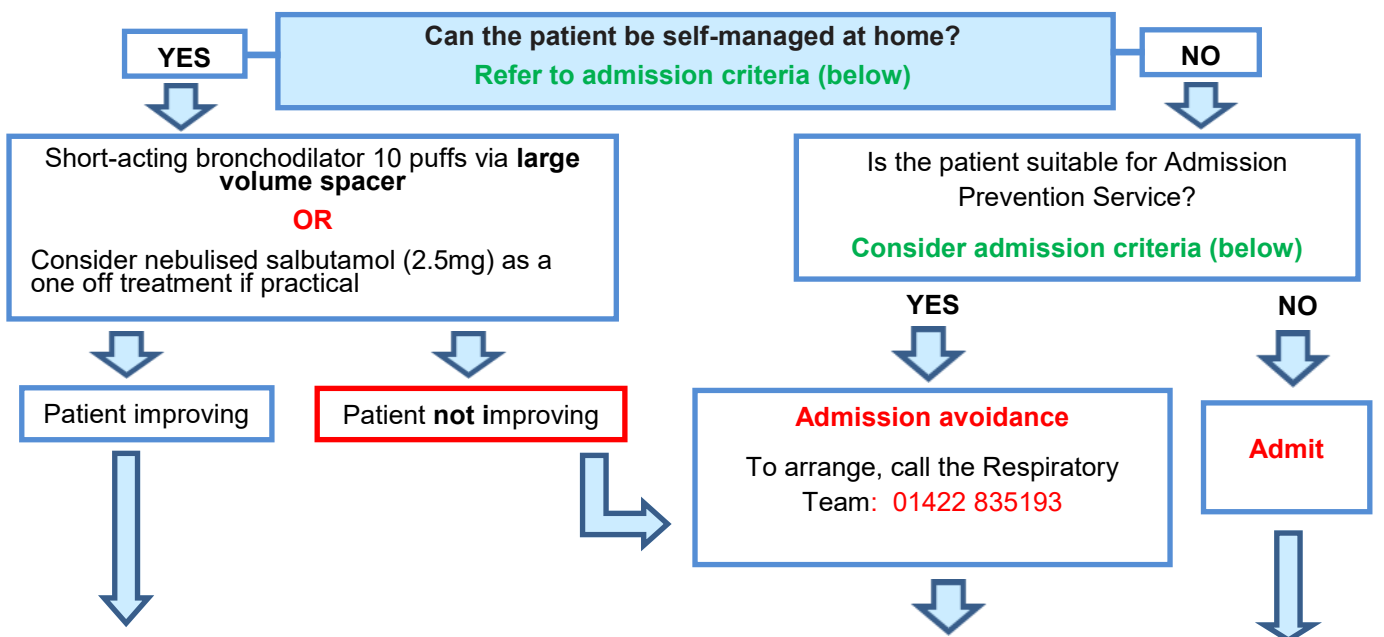
Patient respiratory assessment

- Changes in level of consciousness
- Ability to speak in sentences
- Respiratory rate, depth and pattern
- Oxygen Saturation Level
- Cyanosis
- Heart Rate

Caution: Clinicians should remain vigilant for the development of pneumonia as the clinical features overlap with those of COPD.

Initial Management of Exacerbations of COPD in Primary Care

- Increase frequency of short-acting bronchodilator, consider use of large volume spacer
- If significant increase in breathlessness or wheeze **START** (plain) prednisolone 30mg/day for 5 days
- If purulent sputum **START** Amoxicillin 500mg three times a day for 5 days. If penicillin allergic, prescribe clarithromycin 500mg BD for 5 days or doxycycline 200mg on day 1 then 100mg once a day for 4 days (5 day course total). Sending samples for culture is not recommended in routine practice.



Planned follow-up for all patients

- Early follow-up planned with named health professional in Primary Care within 14 days
- Assessment by Community Matron/ Respiratory Nurse Specialist/District Nurse/ Social Services as appropriate
- Referral to Pulmonary Rehabilitation (start within 4 weeks of discharge)
- Establish on optimal therapy as per local guidelines for Management of Stable COPD, written Self-Management Plan /education and when to seek help
- Never issue home nebuliser treatment without respiratory specialist/hospital assessment

Admission Criteria: Consider admission if ANY of the following are present:

- Inability to speak in sentences
- Respiratory rate >25 per minute
- Severe breathlessness
- Worsening peripheral oedema
- Impaired consciousness
- New or worsening cyanosis
- New acute hypoxaemia (oxygen saturation less than 90%) or worsening saturations in those with existing and appropriately managed hypoxaemia when stable

Rescue medication: Rescue packs should no longer be issued routinely to be held at home by patients in primary care as part of self-management.

Only offer a short course of oral corticosteroids and antibiotics to keep at home as part of their exacerbation action plan if: they have had an exacerbation within last year and remain at risk; they understand and are confident about when and how to take them; aware of risks and benefits and they know to inform their healthcare professional when they have used them and to ask for replacements.

Rescue packs should only be issued as acute prescriptions and never on repeat.

If unsure about providing a rescue pack please contact the Respiratory Specialist Team (Use **e-consultation/ advice & guidance** if available)

An Action plan should still be issued with clear advice on when and how to seek help and advice.

References:

Chronic obstructive pulmonary disease (acute exacerbation): antimicrobial prescribing NICE guideline [NG114] Published date: December 2018 <https://www.nice.org.uk/guidance/ng114>

Chronic obstructive pulmonary disease in over 16s: diagnosis and management July 2019 <https://www.nice.org.uk/guidance/NG115>

Global Initiative for Chronic Obstructive Lung Disease. 2019 Report. https://goldcopd.org/wp-content/uploads/2018/11/GOLD-2019-v1.5-FINAL-04Nov2018_WMS.pdf

NICE COPD Quality Standards <https://www.nice.org.uk/guidance/qs10/resources/chronic-obstructive-pulmonary-disease-in-adults-pdf-2098478592709>

Enquiries to:

NHS Calderdale CCG: Dr N Taylor
(nigel.taylor@nhs.net)

NHS Greater Huddersfield CCG: Dr A Handa
(Anuj.handa@nhs.net)

NHS North Kirklees CCG: Sarah Sowden
(Sarah.Sowden2@northkirkleesccg.nhs.uk)

NHS Wakefield CCG: L Chandler
(lisachandler@wakefield.gov.uk)

Group responsible for development: NHS Calderdale CCG, NHS Greater Huddersfield CCG, NHS North Kirklees CCG and NHS Wakefield CCG. Cross cluster respiratory group in collaboration with The Mid Yorkshire Hospitals NHS Trust and Calderdale and Huddersfield Foundation Trust and Locala CIC. **Published: September 2019** **Review due: September 2022** (unless clinical evidence based changes)