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Management of COPD Exacerbations

An exacerbation is a sustained worsening of the patient's symptoms from their usual stable state, which is beyond normal day-to-day variations, and is acute in onset. Commonly reported symptoms are worsening breathlessness, cough, increased sputum production and change in sputum colour. The change in these symptoms often necessitates a change in medication.
(NICE COPD Clinical Guideline 101, June 2010.)

COPD Exacerbation Severity & Management

Mild	Moderate	Severe
Patients self manage with existing therapies. • STOP SMOKING. • Review all medications. • Educate on use of extra short acting beta agonist. • Ipratropium 4hourly if used. • If prescribed, patient commences steroids/antibiotics to previously agreed criteria. • Contact COPD team to make them aware of exacerbation if unstable. • Exercise referral post exacerbation e.g. gym or pulmonary rehab	**As mild but contacts a healthcare professional (GP/COPD nurse) and….** • Prednisolone 30mg om for **7-14 days** if wheezy. • If bacterial infection suspected, **give 5 days antibiotic**** ○ oral amoxicillin 500mg 8 hourly or ○ doxycycline 200 mg stat/100 mg 24 hrly or ○ clarithromycin 500mg bd if penicillin allergic. • **Erdosteine 300mg bd for 10 days** if difficulty clearing secretion (stop carbocisteine if already taking) then	**As per mild/moderate but patient is admitted and…** • If bacterial infection suspected, **give 10 days antibiotic** ○ co-amoxiclav 625mg tds or ○ doxycycline 200mg stat followed by 100mg od +/- rifampicin 300mg bd or ○ moxifloxacin 400mg od (for specialist use only) • Contact COPD nurse (Mon-Fri 9am-4pm) on bleep #6400 780 for early discharge. • Oxygen assessment if sats below 92%. • Consider palliative care.

**If no better/clinical failure to first line antibiotic, send sputum culture and commence co-amoxiclav 625mg TDS for 5days or moxifloxacin 400mg OD for 5days (for specialist use only) can be considered using caution due to side effects.

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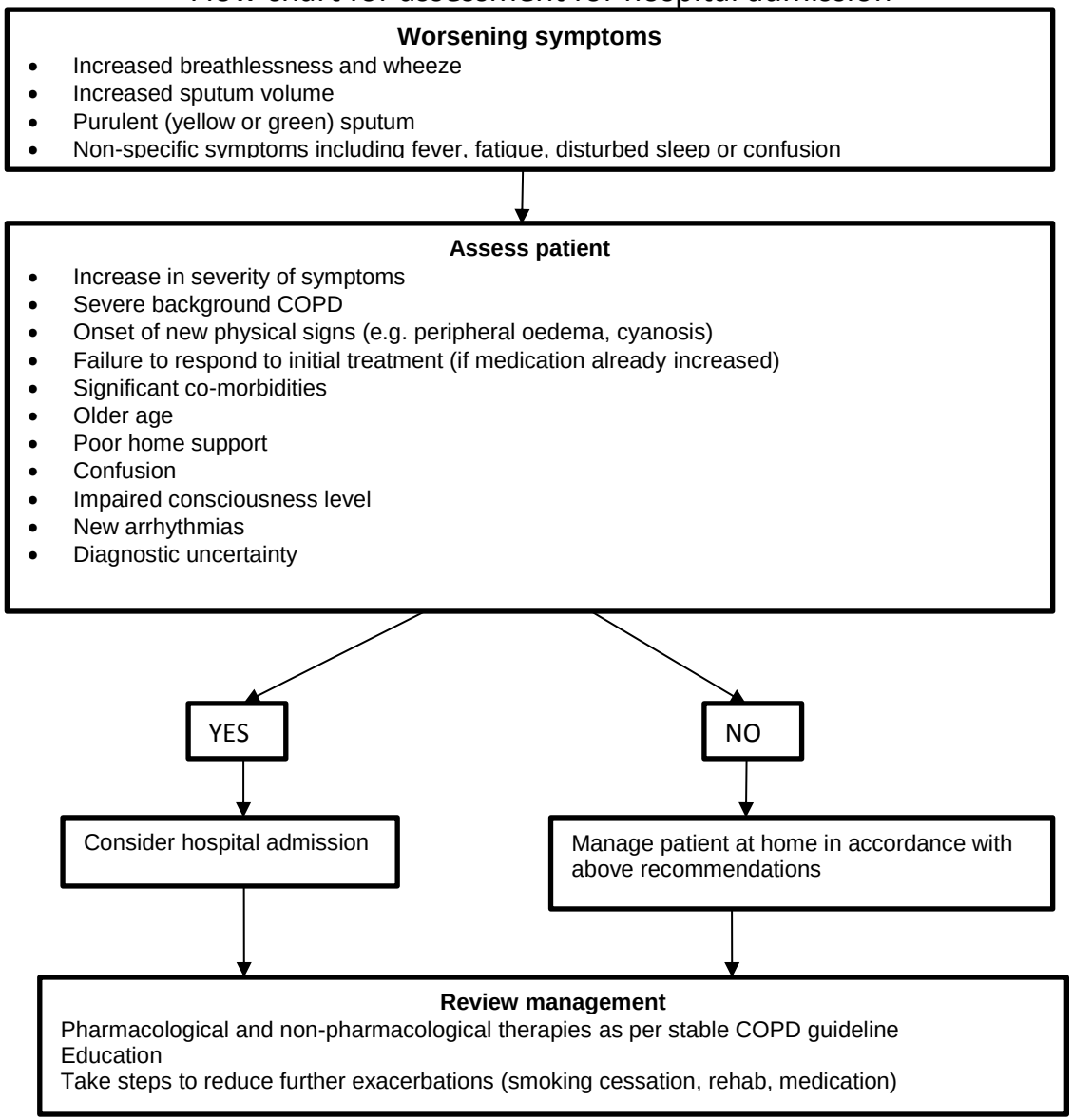
Flow chart for assessment for hospital admission



Hospital interventions might include:

- CXR, ABG, FBC, U&Es, cultures (if pyrexial > 38˚C
- Consider NIV
- Consider IV antibiotics, diurectics and prophylactic enoxaparin.

Assisted discharge/admission prevention

Inclusion criteria

- Anyone with an exacerbation of COPD
- Not complicated by other co-morbidities

Exclusion criteria

- New changes on chest x-ray
- Pneumonia
- pH<7.35
- New acute confusion
- 24 hours nursing care required

Useful contacts:

COPD team: Telephone 0300 131 0111
Email provide.copdservice@nhs.net

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Author	Updated by Natalie Leong, Pharmacist, Mid Essex CCG
Consulted with	Dr Keith Hattotuwa, Consultant Physician and Senior Lecturer in Respiratory Medicine
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Previous version	Key Changes
Management of COPD exacerbations January 2014	Added doxycycline as an antibiotic choice