

# The All Wales Primary Care Management of Acute COPD Exacerbation Guideline

For services with access to Point of Care CRP

## Clinical Pathway

Also available in digital format

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### The All Wales Primary Care Management of Acute COPD Exacerbation Guideline

#### STEP 1: ASSESSMENT

Assess Symptoms

#### STEP 1 INFORMATION: ASSESSMENT

##### Assess Symptoms

##### Symptoms

- Increased sputum purulence
- Increased sputum volume
- Increased breathlessness

##### Severity

- Impairment of ADL
- Confusion
- Severity of breathlessness
- New or worsening oedema

##### Measure

- Temperature
- Oxygen saturation
- Examine chest
- Blood pressure, pulse and respiratory rate

Send sputum for culture in cases of recurrent or severe exacerbation

The presence of pseudomonas or other organisms may require intravenous therapy

Consider chest radiograph in cases of severe exacerbation, or the patient is presenting with chest signs or they fail to improve

Exacerbation  
**WITHOUT** increased  
sputum purulence

Exacerbation **WITH** increased sputum purulence

#### STEP 2: TEST

##### C-Reactive Protein (CRP)

No CRP required

CRP <20

CRP 20-40

CRP >40

#### STEP 3 INFORMATION: PRESCRIBE

##### Antibiotic Consideration

- Follow breathlessness techniques
- For exacerbations in patients with severe COPD, particularly where anxiety is a prominent feature, consider:
  - Oramorph (5-10mg QDS PRN)
  - or
  - Lorazepam (0.5-1mg TDS PRN)
- Consider palliative care referral where appropriate

#### STEP 3: PRESCRIBE

##### No Antibiotics required

Increase SABA to 2 puffs QDS

Consider Prednisolone (30mg OD for 5 days)

##### Antibiotics unlikely to be helpful

Increase SABA to 2 puffs QDS

Consider Prednisolone (30mg OD for 5 days)

##### Consider antibiotics

Consider immediate antibiotics, or a delayed prescription to be started only if symptoms do not improve or deteriorate

Increase SABA to 2 puffs QDS

Consider Prednisolone (30mg OD 5 days)

##### Prescribe antibiotics

Doxycycline 200mg stat then 100mg BD for 5 days

alternative to doxycycline:

Amoxicillin 500mg TDS 5 days

Increase SABA to 2 puffs QDS

Consider Prednisolone 30mg OD 5 days

If symptoms are stable or improve continue to the  
**ALL WALES COPD MANAGEMENT & PRESCRIBING GUIDELINE**

If symptoms not improving or if they are worsening consider hospital admission

Further antibiotics are **USUALLY** not beneficial



ADL: Activities of daily living  
CRP: C-Reactive Protein  
PRN: As needed  
SABA: Short-Acting Beta Agonist

OD: Once daily  
BD: Twice a day  
TDS: Three times a day  
QDS: Four times a day



More information at  
[icst.info/the-all-wales-management-of-acute-copd-exacerbation-guideline](http://icst.info/the-all-wales-management-of-acute-copd-exacerbation-guideline)

More information at  
[icst.info/national-pathway-to-prevent-unnecessary-admissions-to-hospital-for-copd](http://icst.info/national-pathway-to-prevent-unnecessary-admissions-to-hospital-for-copd)

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