

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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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

More information at
icst.info/national-pathway-to-prevent-unnecessary-admissions-to-hospital-for-COPD