STEP 1 INFORMATION: ASSESSMENT

spirometry

Red Flag Symptoms

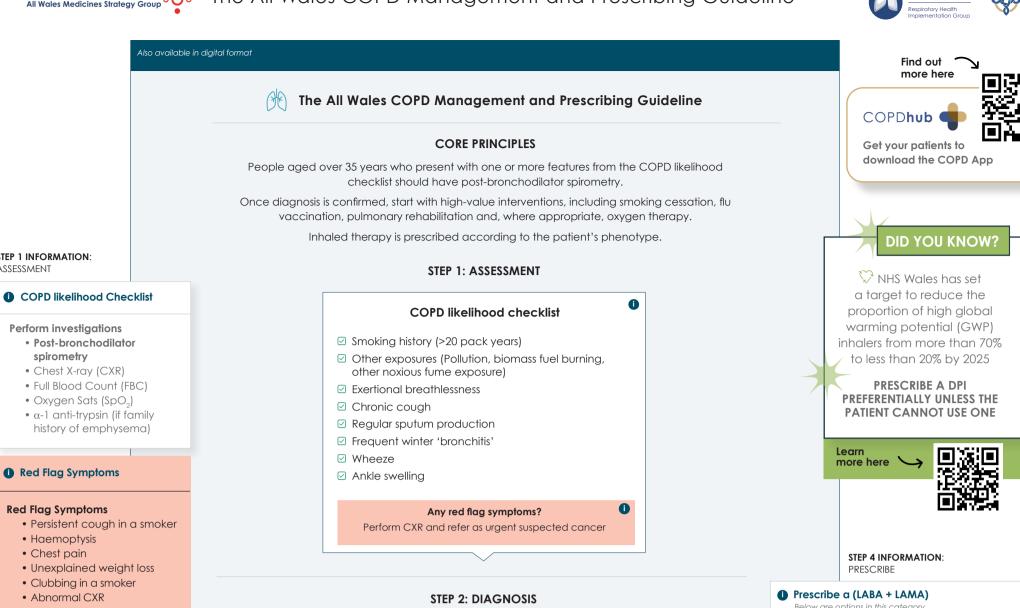
Red Flag Symptoms

 Haemoptysis Chest pain

Abnormal CXR







STEP 4 INFORMATION:

PRESCRIBE

Phenotype 2

Two or more exacerbations per year

Phenotype 3

(ACOS: Asthma COPD overlap syndrome CXR: Chest X-ray **DPI**: Dry Powder Inhaler **GWP:** Global warming potential FBC: Full Blood Count ICS: Inhaled Corticosteroid LABA: Long-acting Beta₂ Agonist LAMA: Long Acting Muscarinic Antagonist LLN: Lower limit of normal MDI: Metered Dose Inhale

OD: Once daily BD: Twice a day Low global warming potential

🤌 High global warming potential

 $\mathbf{SABA} : \mathbf{Short}\text{-}\mathbf{acting} \; \mathbf{Beta_2} \; \mathbf{Agonist}$

SpO₂; Oxygen Sats



STEP 3: REFER

Post-bronchodilator

FEV1/FVC ratio <LLN

Vaccination - Flu - COVID - Pneumococcal

☑ Exercise, education & pulmonary rehabilitation

0

✓ Smoking cessation therapy if required

Referral for oxygen assessment if SpO2 is <93% and not smoking

☑ Dietary advice Refer if low or high BMI

STEP 4: PRESCRIBE

From the list of inhalers provided, choose the most suitable for the patient, considering inpiratory flow and inhaler technique. Choose a dry powder inhaler preferentially Ď to reduce the carbon footprint, unless the patient cannot use one.

> 0 Phenotype 1

Review exacerbation frequency regularly, and escalate to Phenotype 2 if ≥2 exacerbations/year

Prescribe Triple therapy 🕕 (stop other preventer inhalers)

Phenotype 2

If continued exacerbations or breathlessness, review adherence, inhaler technique, and consider referral (see below)

Prescribe Triple therapy

Phenotype 3

If poorly controlled asthma symptoms, refer to the All Wales Asthma Management guidelines (step 4) - consider MART plus LAMA

STEP 5: REVIEW Review annually if COPD is well controlled

Poorly controlled?

- Consider:
- Inhaler technique • Non-pharmacological interventions
- Smoking status

If symptoms worsen, consider referral

Manage exacerbations

- Prescribe a SABA
- Prescribe prednisolone (30-40mg once a day for 5 days)
- Prescribe antibiotic if increased sputum purulence, volume and breathlessness

Below are options in this category

Ultibro

Duaklir Genuair 340/12 1 dose BD Forceful and deep

Breezhaler 85/43 1 dose OD Forceful and deep

Ellipta 55/22 1 dose OD Forceful and deep

Anoro





Gentle and deep

Gentle and deep via spacer



Bevespi Aerosphere

7.2/5 2 doses BD

via spacer



Ensure patient can use device. All MDIs must be used with a spacer

Prescribe triple therapy (ICS + LABA + LAMA) Below are options in this category

Trelegy Ellipta 92/55/22 1 dose OD Forceful and deep

Trimbow NEXThaler 88/5/9 2 dose BD Forceful and deep



Trimbow MDI 87/5/9 2 doses BD via spacer Gentle and deep via spacer

Trixeo Aerosphere 5/7.2/160 2 doses BD via spacer Gentle & deep





Ensure patient can use device. All MDIs must be used with a spacer

Manage Exacerbations Prescribe a SABA

Below are options in this category

Salbutamol 100mcg Easyhaler Forceful

and deep

PRN Forceful and deep

Accuhaler

200mcg

Gentle and deep via spacer







Salamol

100mcg MDI

via spacer

PRN

