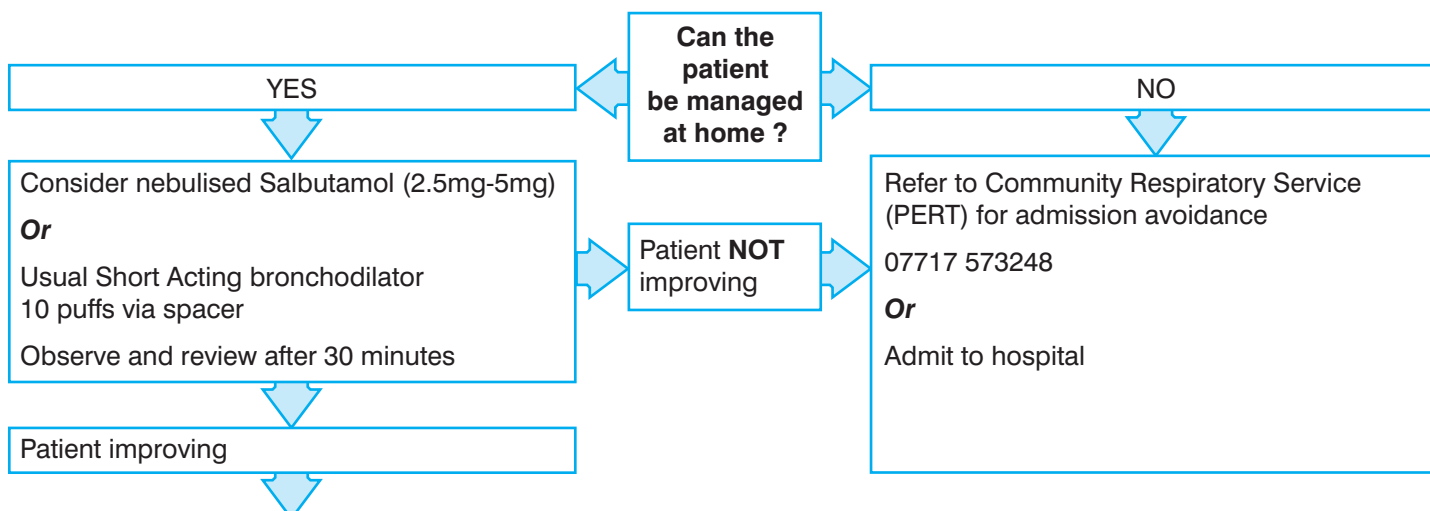


## Wakefield and Kirklees Guideline for Management of Exacerbations of COPD in Primary Care (Wakefield Version)

<b>Symptoms of COPD Exacerbation</b>  <b>Two of the following:</b> Increased Sputum Volume Increased Sputum Purulence And/or Increased breathlessness	<b>Patient respiratory assessment</b>  <ul style="list-style-type: none"> <li>• Changes in level of consciousness</li> <li>• Ability to speak in sentences</li> <li>• Respiratory rate, depth and pattern</li> <li>• Cyanosis</li> <li>• Heart Rate</li> <li>• Oxygen Saturation Level</li> </ul> <b>Caution</b> Clinicians should remain vigilant for the development of pneumonia and other infections of the lower respiratory tract in patients with COPD who are treated with drugs that contain steroids as the clinical features of such infections and exacerbations frequently overlap
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### Initial Management of Exacerbations of COPD in Primary Care

- Increase frequency of Short Acting Bronchodilator via spacer
- If significant increase in breathlessness or wheeze **START** Prednisolone 30mg/day for 7-14 days
- If purulent sputum **START** Amoxicillin 500mg tds (macrolide or a tetracycline if penicillin allergy). When initiating empirical antibiotic treatment prescribers should always take account of any guidance issued by their local microbiologists.



- 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
- Establish on optimal therapy as per local Guidelines for Management of Stable COPD
- Facilitate self management (for patients at risk of exacerbating) and when to seek help
- Never issue home nebuliser machine without respiratory specialist/hospital assessment

**Table 1 – Admission Criteria**

**Consider if ANY of the following present:**

- Inability to speak in sentences
- Respiratory rate greater than 25 per minute
- Severe breathlessness
- Worsening hypoxaemia and oxygen saturation less than 90%
- New or worsening cyanosis
- Impaired consciousness
- Worsening Peripheral oedema
- Poor social circumstance

**Published:** November 2010

**Review date:** Nov 2013 (unless clinical evidence changes)

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**References:**

- National clinical guideline for management of Chronic Obstructive Pulmonary Disease in adults in primary and secondary care. Thorax 2004;59 (supplement1); 1-232 s
- MHRA Drug Safety Update October 2007 Issue 3

Guideline developed by NHS Kirklees in collaboration with Wakefield District Respiratory Partnership Group, Mid Yorkshire NHS Hospital Trust and Calderdale & Huddersfield Foundation Trust (Kirklees Sector)