Norfolk Community Health and Care NHS Trust

Improving lives together
Norfolk and Waveney Integrated Care System

COPD Rescue Packs: Quick Reference Guide[1, 2, 3, 4]

Norfolk & Waveney Rightcare Respiratory Group

Criteria for issuing a 'Rescue Pack' [2]

- Previous exacerbations (2 or more per year or hospital admission)
- High value interventions already employed*: smoking cessation, influenza and pneumococcal vaccinations, pulmonary rehabilitation, pharmacotherapy optimisation*
- Willing and able to self-diagnose and start treatment for exacerbations
- Able to differentiate an exacerbation from the day-to-day ebb and flow of symptoms

Advice to the patient – *reinforce COPD self- management plan information*

- How to recognise the start of an exacerbation. *See overleaf*
- Risks and benefits of treatment
- Alarm symptoms. What to do if symptoms are different from usual exacerbation
- **Contact the practice at least within 72 hours of starting treatment to alert them that you have become unwell**

Rescue Pack details - *Add details to the patient's COPD self-management plan*

ACUTE prescription only, do NOT add to repeat. Read Code XaW9D / 8BMW: issue of COPD rescue pack
Extra directions e.*g. Steroid for COPD flare up. Contact the surgery if you need to start taking this.*

Inhaler: Additional **Salbutamol MDI plus large volume spacer (Volumatic)** to use for exacerbations. Up to 10 puffs QDS via spacer (one dose at a time and shake inhaler in between each dose). *Do not use dry powder devices for exacerbations due to reduced inspiratory flow*

Steroid: Prednisolone 5mg tabs 30mg (6 tabs) once daily for 5 days (NOT enteric coated)

Antibiotics, either: Amoxicillin 500mg caps TDS for 5 days
OR Doxycycline 100mg caps 200mg stat then 100mg once daily for 5 days
OR Clarithromycin 500mg tabs BD for 5 days *(if penicillin allergy)*
If higher risk of treatment failure **Co-amoxiclav *625mg TDS for 5 days***

Patient informs the practice 'Rescue Pack' started

- Receptionist informs the Designated Respiratory Lead (DRL)
- DRL contacts the patient within 48 working hours. *See overleaf*
- Book review appointment. To be seen within 3 weeks of exacerbation, *at least*.
- DRL adds read code **H3122: acute exacerbation of COPD**

Patient review within 3 weeks of exacerbation

- Review symptom response and if the rescue pack was started appropriately
- Re-inforce smoking cessation, if appropriate
- Re-assess the need for Pulmonary Rehabilitation
- Review regular therapy, adherence and **inhaler technique**
- Re-assess suitability for a 'Rescue Pack' and re-issue if appropriate.
- Seek further advice / consider referral if > 2 exacerbations per year
- At annual review add a read code for the number of exacerbations per year **XaK8U / 66Yf**

Additional Information

What is an acute exacerbation of COPD?

- An exacerbation is a sustained acute-onset worsening of the person's symptoms from their usual stable state, which goes beyond their normal day-to-day variations.
- Commonly reported symptoms include:
  - Worsening breathlessness, cough, increased sputum production and change in sputum colour**.**
  - The change in these symptoms often necessitates a change in medication.

Assessing an acute exacerbation: physical signs of a severe exacerbation,

- Acute confusion
- Marked reduction in activities of daily living
- Marked dyspnoea and tachypnoea, pursed-lip breathing, use of accessory muscles at rest.
- New-onset cyanosis or peripheral oedema.
- Measure the person's temperature and examine the chest.
- **Check pulse oximetry and consider the need for hospital admission**
- Do not send sputum samples for culture routinely

Risks related to inappropriate use of Rescue Packs[2]

- **Steroids:** adrenal suppression, osteoporotic fractures, diabetes, pneumonia, psychosis, thinning skin and cataracts.
- **Antibiotics:** overuse / not taking the full course – antimicrobial resistance for the individual patent and in our society

Self-management plan: provide a structured written action plan *(see above link)*

- How to recognise when COPD is getting worse *(Beyond normal day to day variations)*
- **How to increase use of SABA** and, if no response who to contact and when
- To start oral corticosteroid if they have a significant increase in breathlessness interferes with activities of daily living
- To start antibiotics if sputum becomes discoloured or increases in volume, or clinical signs of pneumonia

Follow up:

- **During acute episode: initial phone contact:**
  - The patient needs to be assessed by a suitably qualified clinician, e.g. DRL
  - Clinical judgment to assess severity of illness, response to treatment and to decide the most appropriate review date / onward referral

- **Repeated, or single prolonged (post two antibiotic courses), exacerbations:**
  - Collect one early morning sputum sample to test.
  - Consider bronchiectasis.

References:

1. Norfolk & Waveney COPD Primary Care Guideline – currently unavailable as under review
2. PCRS-UK Primary Care Respiratory Update: The Appropriate Use of Rescue Packs Vol 5 Issue 1 Spring 2018 click for link
3. Aneurin Bevan University Health Board COPD Rescue Pack Guideline December 2017 click for link
4. Norfolk & Waveney STP Summary of antimicrobial prescribing guidance - Norfolk and Waveney Formulary (norfolkandwaveneyformulary.nhs.uk) and Antimicrobial prescribing table (nwknowledgenow.nhs.uk)