Improving lives **together**
Norfolk and Waveney Integrated Care System

COPD Rescue Packs: Quick Reference Guide

Norfolk & Waveney Local Specialist Opinion

Criteria for issuing a 'Rescue Pack' [2]

- Previous exacerbations (2 or more per year or hospital admission)
- High value interventions already employed*: smoking cessation, COVID, influenza, RSV (if relevant) 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[4,5] - *Add details to the patient's [Action Plan [A+LUK]](), [N&W action plan]()*

ACUTE prescription only, do NOT add to repeat. Read code description: **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: Increased use of the patient's **usual short acting bronchodilator SABA** (e.g. salbutamol) up to the maximum daily dose[5]

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

***Antibiotics: 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
**If severe or complicated infection, longer courses may be required, guided by sensitivities*

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 description: acute exacerbation of COPD**

Patient review within 3 weeks of exacerbation

- Review symptom response and if the rescue pack was started appropriately
- Re-enforce smoking cessation, if appropriate
- Re-assess the need for Pulmonary Rehabilitation
- Review regular therapy, concordance and **inhaler technique**
- Re-assess suitability for a 'Rescue Pack' and re-issue if appropriate.
- At annual review add **Read code description: number of exacerbations per year**
- Seek further advice / consider referral if ≥ 2 moderate or ≥ 1 exacerbation requiring hospital admission

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 but *do send if patient requires 2nd course of antibiotics*

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 links)*

- 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 Click here to access
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
4. Norfolk & Waveney Summary of Antimicrobial Prescribing Guidance (March 24) - Norfolk and Waveney Formularies
5. NICE CKS COPD acute exacerbations Sep 2024 click here for link