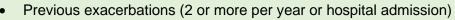


# **COPD Rescue Packs: Quick Reference Guide**

Norfolk & Waveney Local Specialist Opinion

# Criteria for issuing a 'Rescue Pack'<sup>2</sup>



- 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**<sup>4,5</sup> - Add details to the patient's <u>Action Plan [A+LUK]</u>, <u>N&W action plan</u> 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<sup>5</sup>

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 2<sup>nd</sup> course of antibiotics

### Risks related to inappropriate use of Rescue Packs<sup>2</sup>

- **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:
  - $\circ$  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:
  - o Collect one early morning sputum sample to test.
  - Consider bronchiectasis.

#### References:

- 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

<sup>1.</sup> Norfolk & Waveney COPD Primary Care Guideline Click here to access