# Suffolk Chronic Obstructive Pulmonary Disease (COPD) Rescue Pack Guidance

## 1. Introduction

A COPD rescue pack refers to a short course of steroids and antibiotics issued in advance, for a person with COPD to keep at home and use as part of their exacerbation plan. An exacerbation is a sustained worsening of a person's symptoms from their usual stable state, which is beyond normal day-to-day variations, and is acute in onset. Commonly reported symptoms are

- breathlessness
- cough
- increased sputum production
- change in sputum colour

The change in these symptoms often necessitates a treatment intervention.

NICE guidance supports the use of rescue packs for some people at risk of exacerbation as part of their individualised exacerbation action plan along with monitoring and education to ensure the medicines are used appropriately. These can help prevent hospital admissions.

Continued monitoring of rescue pack use by practices is important to avoid the potential overuse of antibiotics and systemic corticosteroids. Excessive prescribing of rescue packs has resulted in patients becoming steroid dependent, leading to increased patient request and receipt of more cycles of medication. There is a risk that other underlying causes may be missed; antibiotic stewardship and resistance is also a concern.

Overuse of corticosteroids is linked with adrenal suppression, osteoporotic fractures, diabetes, pneumonia, psychosis, thinning skin and cataracts and overuse of antibiotics (or not completing the full course) risks antimicrobial resistance both in the individual patient and in society.

Practices should therefore have a process in place for supply, monitoring and review of rescue packs. **They should not be available as repeat medication**.

The issue of a rescue pack should be recorded using the following read codes to enable regular monitoring

- **Issue of chronic obstructive pulmonary disease rescue pack XaW9D 718241000000107**
- **Chronic obstructive pulmonary disease rescue pack not indicated XaYuZ 820341000000109**
- **Chronic obstructive pulmonary disease rescue pack declined XaZp7 857791000000103**

Practices should ensure systems are in place to identify rescue pack requests before they are reissued.

Patients who received five or more courses of high dose oral glucocorticoids within the last 12 months and for 12 months after stopping and/or patients who use high doses of inhaled steroids >1000mcg/day beclomethasone or >500mcg/day fluticasone (or equivalent dose of another glucocorticoid), and for 12 months after stopping are also at increased risk of Adrenal Insufficiency. They need a Steroid Emergency


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Card and advice regarding "sick day rules" if unwell outside of hospital.

**Not every person with COPD is suitable for a rescue pack, and people need to be carefully educated on how and when to use their pack as part of a total self-management plan**.

## 2. Who should be offered a Rescue Pack?

Offer a patient with COPD a short course of oral corticosteroids and a short course of oral antibiotics to keep at home as part of their exacerbation action plan if:

- They have had an exacerbation within the last year, and remain at risk of exacerbations
- They understand and are confident about when and how to take these medicines, and the associated benefits and harms
- They know to tell their GP practice when they have used the medicines, and to book a follow up review
- Where a patient has been admitted to secondary care with an exacerbation, the Trust may recommend in the discharge summary to consider a rescue pack for future COPD exacerbations. These are not standardly issued on patient discharge.

## 3. Before issuing a Rescue Pack, check that:

- All the high value interventions for COPD have been employed to reduce the risk and consequences of exacerbations including smoking cessation, influenza vaccination, pneumococcal vaccination, pulmonary rehabilitation and optimisation of the person's regular therapy along with inhaler technique
- The patient can recognise the start of an exacerbation (see page 3)
- The patient has an individualised exacerbation action plan (as part of their self-management plan) and is willing and able to take the medication as prescribed and has been educated about the risks and benefits of treatment and of overusing the medication
- The patient has been advised that if their symptoms feel different from their usual exacerbation, then taking the rescue pack may not be the right thing to do and they must contact a health care professional at their GP practice or as indicated in their COPD action plan
- The patient knows to tell their GP practice when they have used the medicines, and to ask for replacements


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## 4. When to use a Rescue Pack?

People with COPD should be encouraged to respond promptly to exacerbation symptoms by following their self-management plan, which may include:

- Increasing frequency of their short-acting bronchodilator therapy if symptoms are predominantly wheeze/breathlessness (adding spacer if necessary)
- Taking a short course of oral corticosteroids if there is **significant** increased breathlessness that interferes with daily activities
- Adding oral antibiotics if their **sputum changes colour and increases in volume or thickness beyond their normal day-to-day variation.**

### Symptoms that indicate an exacerbation of COPD include:

• More breathless than usual.
• A sustained increase in the amounts, purulence and change in colour of their sputum.
• A new or increased cough.
• Wheeze and / or chest tightness.
• Increased tiredness.
• Loss of appetite.
• Less able to do normal activities or they are taking longer.

### Suggested actions if patient has signs of exacerbation for review:

• Increase reliever medication -Salbutamol
• Review last respiratory clinical letter as this may contain relevant prescribing and management advice.
• If they have standby rescue medication (steroids /antibiotics) - take as advised, if not consider whether this would be appropriate.
• Review previous medication issues to assess whether patients have required rescue medication recently.
• If prescribing antibiotics review previous issues and sputum samples including sensitivities.
• If patient has already had a course of antibiotics and symptoms persist, obtain a sputum sample prior to giving further antibiotics
• Book a COPD review in timely manner after exacerbation to ensure effectiveness of rescue medication and arrange further supply of appropriate rescue medication. It can take 4-6 weeks to recover from an exacerbation with some patients failing to return to their pre-exacerbation functional state.

### General advice for patients:

• Balance activity with plenty of rest.
• Eat little and often.
• Drink plenty of fluids (not alcohol).
• Stay calm and relaxed as getting anxious will make your breathing worse.
• Remind patient of importance of follow up review after in a timely manner after starting course of medication.
• Smoking cessation advice if appropriate


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## 5.Contents of a Rescue Pack:

**A short course of oral corticosteroids**

Prednisolone 5mg tablets - 30mg (six tablets) once daily for 5 days (**to be taken if there is significant increased breathlessness that interferes with daily activities**)

**A course of antibiotics** (to be added in if **sputum changes colour and increases in volume or thickness beyond normal day-to-day variation**)

Amoxicillin 500mg capsules (**not if penicillin allergy**) - one capsule three times a day for 5 days **OR**
Doxycycline 100mg capsules – 200mg on first day then 100mg daily for next 4 days (5-day course in total) **OR if neither of the above are suitable**
Clarithromycin 500mg (immediate release) tablets - one tablet twice a day for 5 days

## 6. If a Rescue Pack has been started:

When the surgery is informed that a person with COPD has started their rescue pack an appropriately trained healthcare professional should:

- Ensure the person has access to an urgent appointment if symptoms worsen rapidly or significantly, symptoms do not start to improve within an agreed time (e.g. 2-3 days) or they become systemically very unwell.
- Record 'Acute Exacerbation of COPD' in the clinical record, using Read Code H3122
- Arrange a COPD review after exacerbation in a timely manner. If the patient has had a recent face to face review this could be a telephone conversation if appropriate.
    - Review treatment including adherence and inhaler technique to reduce the risk of further exacerbations.
    - Assess and manage any change in condition (including co-morbidities and possibility of malignancy)
    - Consider referral or re-referral to pulmonary rehabilitation.
    - Review individualised exacerbation plan (part of COPD self-management plan) and to ensure appropriate use of the rescue pack (e.g. use of oral corticosteroids and antibiotics in response to symptoms)
    - Ensure the person understands the risks and benefits of using the rescue pack including overuse of medication (e.g. side-effects in relation to overuse of steroids and antimicrobial resistance associated with inappropriate antibiotic use)
    - Consider osteoporosis prophylaxis for people requiring frequent courses of oral corticosteroids (3–4 courses per year)
    - Re-issue another rescue pack if appropriate
    - For people who have used 3 or more courses of oral corticosteroids and/or oral antibiotics in the last year, investigate the possible reasons for this.


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**References:**

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