

Assessment of an Exacerbation

Is it an exacerbation?

The key features typically associated with exacerbations are one or more of the following:

- Worsening breathlessness
- Changing sputum colour
- Increased sputum volume
- Increased cough
- Fever
- Reduction in activity levels

Factors prompting consideration of home management Vs. hospital admission

- Coping at home
- Normal level of consciousness
- Experiencing only mild breathlessness
- Maintaining usual level of activity
- Eating and drinking normally
- Little change to usual general condition
- Easy access to help if required
- Lack of significant co-morbidity

Manage the patient at home

Admit the patient to hospital

Manage acute exacerbations

- Add or increase bronchodilator use:
 - Review inhaler device
 - review inhaler technique
- Prescribe antibiotics if sputum becomes purulent
- Consider oral corticosteroids
- Pulse oximetry if severe exacerbation
- Increase social support if necessary

AGREE TO FOLLOW UP AND REVIEW THE PATIENT TO REASSESS THEIR COPD

Long-term management of patient post exacerbation Review:

- Patient understanding/personal action plan
- Non-pharmacological strategies
 - smoking cessation
 - exercise
 - Pulmonary rehabilitation
- Pharmacological strategies:
 - Optimise long-term maintenance therapy in line with guidance ie. Long-acting bronchodilator (β_2 agonist and/or anticholinergic). ICS (usually in combination with long-acting beta agonist) and mucolytics if chronic productive cough
 - Inhaler technique
 - Ensure annual influenza vaccination is offered together with offering pneumococcal vaccination