COPD PLAN - guidance on managing a COPD exacerbation in the care home setting

What is COPD?

Chronic Obstructive Pulmonary Disease (COPD) is caused mainly by smoking and is often referred to as chronic bronchitis or emphysema.

Chronic means that the problem won’t go away but can usually be controlled. There is no cure for COPD but medicines will help to control the symptoms.

A patient with COPD will have narrowed and damaged airways and finds it harder to breathe. Their airways will also become inflamed, which causes coughing and excess phlegm.

Without realising it many people cut back on what they do due to breathlessness. This makes simple activities feel harder as breathlessness increases.

People with COPD may have worsening symptoms from time to time, called acute exacerbations.

Preventing Deterioration

It is important to recognise the signs of an ‘exacerbation’ (flare up) and step up the treatment. It makes it easier to manage the condition and hopefully prevent hospital admissions.

The treatment plan, on page 5, is one way of managing COPD. It will help to recognise what is normal and what to do when it’s not. The patient’s clinician will talk it through with you and fill in the treatment plan that should be followed. The doctor will advise if pre-emptive treatment is required in case of an exacerbation.

Please check routinely that the patient’s inhaler technique is adequate, their inhaler device and spacer are clean and there are doses still in the inhaler.

<table>
<thead>
<tr>
<th>Emergency – Severe Symptoms</th>
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<tr>
<td>• Very short of breath at rest</td>
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<tr>
<td>• Chest pains</td>
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<tr>
<td>• High fever</td>
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<td>• Reduced level of consciousness or confusion</td>
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DIAL 999 – FOR AN AMBULANCE

Offer extra reliever inhaler/nebuliser whilst waiting for ambulance to arrive.
Why has this guidance been produced?

This guidance has been produced to inform care home staff how to manage an exacerbation of COPD and to consider treatment within the care home and prevent an avoidable hospital admission.

We have devised a framework for a treatment plan to manage an exacerbation of COPD with pre-emptive medication in agreement with the clinician*.

This guidance complements The COPD Information Pack which can be found here http://www.intranet.sheffieldccg.nhs.uk/Downloads/COPD%20information%20pack.pdf

Good Practice for the Care Home

This guidance is intended to be used as a framework for care home managers to adapt when writing their own process for managing a COPD exacerbation in the care home setting.

Consider a member of staff to be “respiratory champion” for the care home. This member of staff will have some knowledge about COPD and how the pre-emptive process will be managed in the care home.
A designated storage facility will be required to store the pre-emptive medication and MAR chart until required for use.

Good practice 1 – setting up pre-emptive medication

- Agree with clinician that pre-emptive COPD medication is considered an option for the service user. Clinician to complete the appropriate sections on the treatment plan.
- Check the clinician completes all fields on the treatment plan.
- Check that, in accordance with good practice, for each service user the clinician is to send a ‘Special Note’ form about the pre-emptive arrangements to the Sheffield Out of Hours GP Collaborative. This informs the out of hours service of the treatment and is made available to the ambulance service. This special note will also be accessible to NHS111 staff.
- All appropriate care home staff will be informed about the pre-emptive COPD process and how the service user may present when having a COPD exacerbation, the non pharmacological interventions and the prescribed pre-emptive medication for the individual service user.
- The treatment plan for managing COPD exacerbation is documented in the care plan for the service user.
- Check and log date of review of the pre-emptive prescription to ensure this is up-to-date.

Good Practice 2 – requesting and receiving the pre-emptive medication for COPD exacerbation

- Receive active prescription for pre-emptive medication from the clinician – decide whether to hold this prescription until medication is required for use, or have the prescription dispensed straight away. NB. If not dispensed ensure plan includes access to pharmacy out of hours.
  - Factors to consider
    - Not dispensed prescriptions are valid for 6 months from date prescribed
• Liquid antibiotics that have to be reconstituted have a limited life span
• Medicines dispensed in MDS have a two month expiry date therefore should be supplied using original packs.

If dispensed straight away:

➢ Ensure pharmacy is aware that this treatment is for pre-emptive treatment prior to dispensing – check the prescription states 'pre-emptive'.
➢ Check treatment is correct on arrival in care home
➢ Ensure the MAR chart is endorsed with 'pre-emptive COPD exacerbation treatment', highlighting it is only to be used when it is agreed the service user is having COPD exacerbation. The MAR chart is held in designated storage area alongside the medication until required.
➢ Ensure treatment is stored with this MAR chart in a locked facility away from regular medicines and staff are aware where this storage is.

• Ensure there are routine checks, if applicable, on the
  o Expiry date of the prescription
  o Expiry date of the dispensed treatment

Good practice 3 – administering medication for COPD exacerbation
• Identify if it is appropriate to dial 999 (see box on page 1)
• Gain agreement, as decided on the treatment plan, that medication for COPD exacerbation can now commence
• Access medication and check that it is still ‘in date’
• Use spacer device to assist patient to inhale treatment effectively
• Check MAR chart; administer medication as prescribed
• Record administration on the MAR chart ensuring that the start date is included
• Inform prescriber that treatment has commenced
• Record effect of treatment
• Contact clinician to request review

Ensure clear robust documentation in the care plan highlighting relevant communication with clinician.

Good Practice for Clinician

• Complete the appropriate sections on the treatment plan.
  o Indicate on the treatment plan if a clinician is to be contacted to authorise treatment to commence or left for the care home staff to decide.
  o Complete and sign the treatment for a COPD exacerbation on the treatment plan.
  o Indicate a date for treatment review.
•Prescribe appropriate pre-emptive medication – please state ‘for pre-emptive use’ on the prescription
• Send a ‘Special Note’ form about the pre-emptive arrangements to the Sheffield Out of Hours GP Collaborative to inform this service of the treatment and be made available to the ambulance service. This special note will also be accessible to NHS111 staff
Good Practice for Community Pharmacist

- Dispense prescribed treatment and supply MAR chart indicating on the MAR that this is pre-emptive treatment for a COPD exacerbation (as stated on the prescription).
- As this treatment may not be required immediately, indicate that this MAR can be used to record administration of treatment until the review date.

Resources

- COPD information pack  
- NICE CG101 COPD (update)  
  [http://guidance.nice.org.uk/CG101](http://guidance.nice.org.uk/CG101)
- Treatment Plan – Managing a COPD Flare Up – see page 5

Prepared by Medicines Management Task Group of SCHBPG

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NHS South and West Yorkshire and Bassetlaw Commissioning Support Unit

Approved by Sheffield Area Prescribing Group

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Review Date: September 2015
Worsening symptoms

- More breathless and wheezy than normal
- Need to use reliever inhaler, nebuliser more than normal
- Fever (a temperature of 38ºC (100.4ºF) or above is usually considered to be a significant.)
- Change in amount and/or colour of sputum (green or blood stained)
- Cough – new or increased
- Loss of appetite
- Increasing tiredness and/or poor sleep
- Reduced energy for daily activities
- New or worsening confusion

If symptoms become too severe – dial 999

What to do

- Increase inhaled reliever medications (e.g. salbutamol)
- Contact the GP or start pre-emptive
- Confirm with GP whether to start pre-emptive medicines as per treatment plan

Useful Advice

- Enable more time for rest
- Encourage relaxation techniques
- Encourage clearance of sputum with huff and cough techniques – see COPD Information Pack - Section 9

- Offer small amounts of food to be eaten regularly rather than a large meal
- Offer plenty of fluids and keep a fluid chart
- Encourage sitting up

Pre-emptive Prescribed Medicines - to be completed by clinician

Clinician please indicate

- Clinician authorisers care home staff to decide when pre-emptive medication is to commence
- Clinician requires care home staff to contact a clinician to confirm commencing treatment

Steroid

Dose to be taken

Antibiotics

Dose to be taken

Reliever Inhaler

Dose of reliever inhaler to be inhaled during a COPD exacerbation ______ puffs ______ times day

NB: a not dispensed prescription is valid for 6 months from date of writing

Date of review of this treatment by prescriber: __________________

Please ensure entry on MAR chart reflects activity