

Guidance on managing a COPD exacerbation in the care home setting

What is COPD?

COPD (chronic obstructive pulmonary disease) is the name for a group of lung conditions that cause breathing difficulties. It includes emphysema (damage to the air sacs of the lungs) and chronic bronchitis (long term inflammation of the airways). Breathlessness, coughing and excess phlegm are common symptoms.

COPD is often caused by smoking. It is a chronic condition which means that it is a long term and won't go away. The breathing problems people with COPD experience tend to get worse over time and there is no cure for COPD. There are medicines, usually given through inhalers, which can help control the symptoms.

Without realising it many people may cut back on what they do due to breathlessness. Simple activities feel much harder as breathlessness increases.

People with COPD may have worsening symptoms from time to time – these are called acute exacerbations.

Managing Acute Exacerbations of COPD – Best Practice

It is important to recognise the [signs of an acute exacerbation](#) (or flare up) of COPD and to manage the treatment of this appropriately. Managing acute exacerbations within the care home may help prevent a hospital admission.

We recommend the use of a treatment plan (see [appendix 1](#)) for patients with COPD within a care home setting. The treatment plan will help staff recognise worsening symptoms and to know what to do when this happens. A treatment plan gives advice on the use of rescue medication for a COPD exacerbation. Rescue medication may include oral corticosteroids and/or antibiotics in addition to taking increased doses of short-acting bronchodilators to manage breathlessness.

This guidance is to support care home managers to write their own processes for managing a COPD exacerbation in the care home setting. It may be appropriate to designate a “respiratory champion” for the care home. This member of staff will have some knowledge of COPD and how the rescue medication process will be managed in the care home.

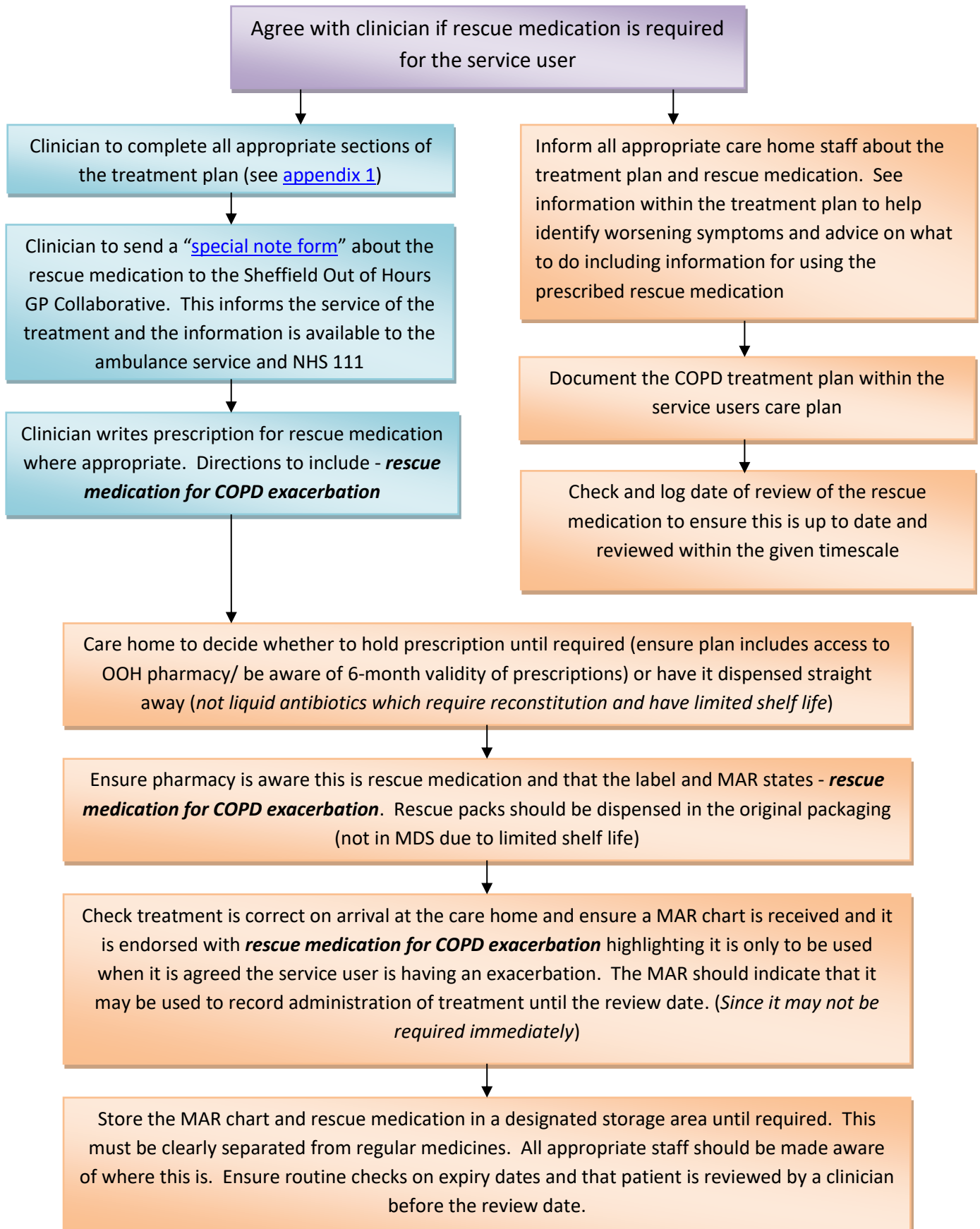
Emergency – Severe Symptoms

- Very short of breath at rest
- Chest pains
- High fever
- Reduced level of consciousness or confusion

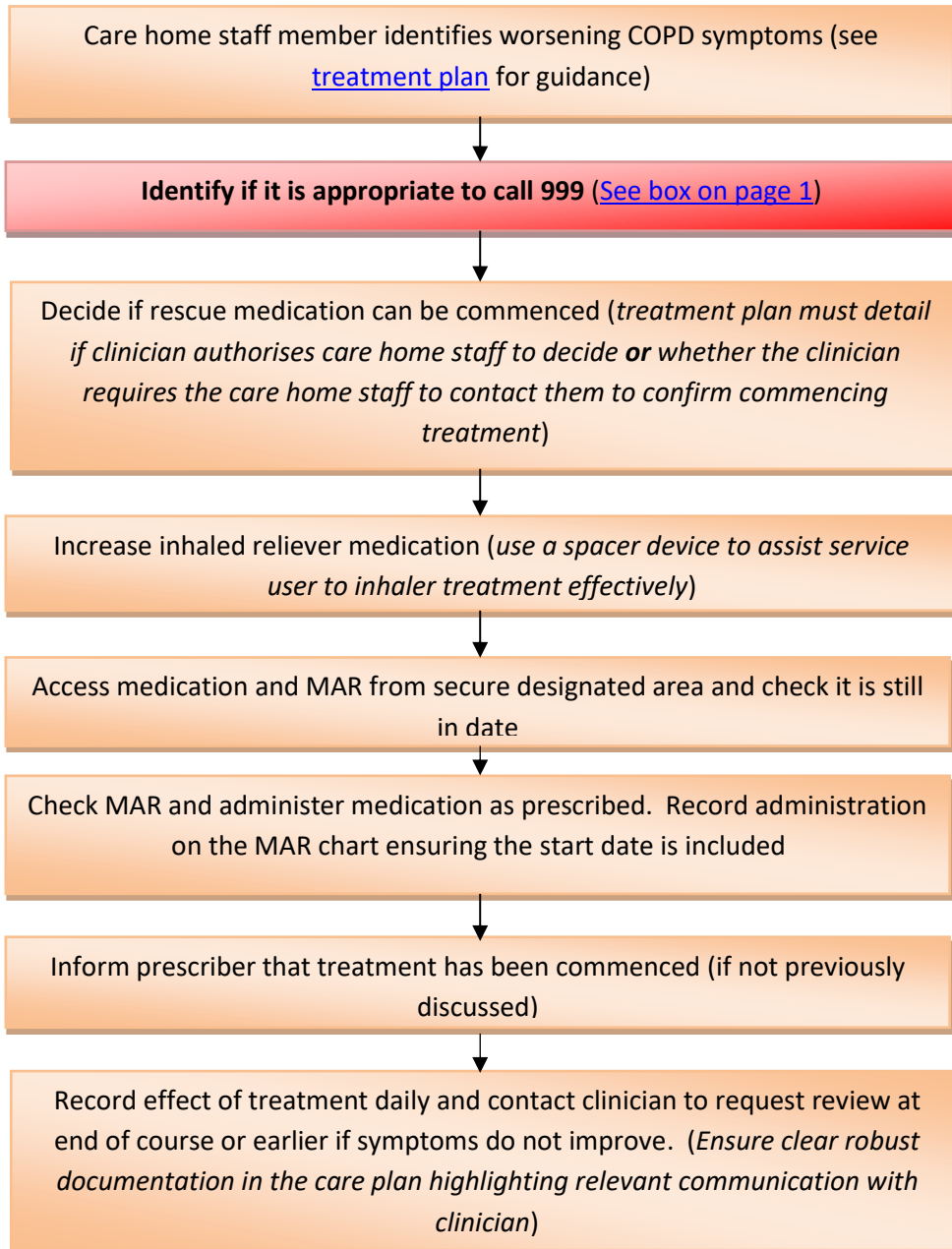
DIAL 999 – FOR AN AMBULANCE

Offer extra reliever inhaler/nebuliser whilst waiting for ambulance to arrive

Initiating and Managing a COPD Treatment Plan for Acute Exacerbations



Administering Medication for an Acute Exacerbation of COPD



NB Check routinely to ensure [inhaler technique](#) is satisfactory, inhaler devices and spacers are clean and that there are still doses in the inhaler. See [Spacer Guidance for Care Homes](#) for further information about the use of spacers

Further Resources

[NICE Guideline 115 - Chronic Obstructive Pulmonary Disease in Over 16's: Diagnosis and Management.](#)

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[Active cycle of breathing video](#)

The COPD Specialist Nurse Team can be contacted on 0114 3078425 for advice

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Appendix 1

Treatment Plan – Managing an Acute Exacerbation of COPD in the Care Home Setting

Worsening symptoms

- More breathless and wheezy than normal
- Need to use reliever inhaler, nebuliser more than normal
- Fever (a temperature of 38°C (100.4°F) or above is usually considered to be significant.)
- Change in amount and/or colour of sputum (green or blood stained) Note sputum sample for culture not routine practice
- 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 If symptoms become too severe - dial 999

- Increase inhaled reliever medications (e.g. salbutamol)
- Start rescue medication if clinician has authorised this or
- Confirm with GP whether to start rescue medicines as per treatment plan

Useful Advice

- Enable more time for rest
- [Encourage relaxation techniques](#)
- [Encourage clearance of sputum](#) with the [huff coughing technique](#) or sputum clearance device if service user has one
- 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

Patient Name

NHS Number

Clinician Name

Signature

Contact Number

Date

Prescribed COPD Rescue Medication – to be completed by clinician

Clinician please indicate:

Clinician authorises care home staff to decide when rescue medication is to commence

Clinician requires care home staff to contact a clinician to confirm commencing treatment

Steroid _____ Dose to be taken _____ (for 5 days)

Antibiotic _____ Dose to be taken _____ (for 5 days)

Reliever inhaler _____ *Use with spacer device to improve technique*

Dose of reliever inhaler to be used during a COPD exacerbation _____ puffs _____ times a day

Date of review of this treatment by prescriber _____

NB. A prescription is valid for 6 months from the date of issue – care home to decide if they retain the prescription or have it dispensed immediately and store rescue medicines until required

Please ensure entry on MAR chart reflects activity

(Send to sht-tr.GPCollab111@nhs.net)

***typed version only accepted with printed name of referrer.**

Referrer Details

Name	
Date	
Practice/Organisation	
Contact No.	

Patient Details

Forename		Surname	
D.O.B.		Sex	
NHS Number		Tel. No	
Address			
Is this a care home?	YES / NO		
Carer name		Carer tel.no	

NHS 111 Call Handler Information

What is the nature of the problem? e.g. Palliative/Mental Health/Vulnerable Person

IN HOURS – Is there a preferred care pathway for this patient or should they be triaged through NHS111? e.g. Please refer to Palliative Care nursing on 01234 56XXXX

OUT OF HOURS – Is there a preferred care pathway for this patient or should they be triaged through NHS111? e.g. Please refer to Palliative Care on 01234 56XXXX

Is the patient a frequent caller? e.g. 3calls in last month, 10 calls in last quarter.

Any other relevant information to help the 111 call handler? e.g. Branch surgery, DNS.

Clinical Information

Diagnosis:

Current Medication/Treatment:

Complicating conditions/Important pre-existing conditions:

*End of Life Plan/PPC in notes	YES / NO	*DNACPR in notes?	YES / NO
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Patient aware of diagnosis and plan?	YES / NO	Need syringe driver?	YES / NO
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Pre-emptive prescribing in place?	YES / NO
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Consultant/Specialist involved:

Hospital:

Are there any plans for management of exacerbations of long term condition to be aware of?

Or any other symptom management plans and/or any 'abnormal' results that are 'normal' for this patient?

Or any specific medication/treatment issues to be aware of?

Any other information?

Note review date

***Notes for carers:** PPC = Preferred Priorities Care or equivalent, DNACPR = Do Not Attempt Cardiopulmonary Resuscitation