

PRE-HOSPITAL MANAGEMENT OF ACUTE EXACERBATION OF COPD

Assess severity

Moderate	OR	Severe
<ul style="list-style-type: none"> • More short of breath than usual • Able to speak in sentences • Usually have wheeze • Some chest/neck indrawing • SpO₂ near usual level • Normal level of consciousness 		<ul style="list-style-type: none"> • Very short of breath • Only a few words per breath • Severe chest/neck indrawing • Tripod positioning • SpO₂ well below their usual level • May be agitated

Life-threatening OR Imminent respiratory arrest

- Extremely short of breath
- Unable to speak
- May not have a wheeze
- May be no chest/neck indrawing
- SpO₂ rapidly falling
- Severe agitation and/or falling level of consciousness

Initial Management

- Salbutamol via inhaler & spacer, up to 5 individual puffs
- Controlled oxygen, if needed, aiming for SpO₂ 88-92%
- Oral prednisone 40mg
- Oral antibiotics if change in sputum or evidence of infection

Initial Management

- Air-driven nebuliser: Salbutamol 2.5mg **AND** Ipratropium 500mcg
- Controlled oxygen, aiming for SpO₂ 88-92%
- Oral prednisone 40mg
- Oral antibiotics if change in sputum or evidence of infection

Responding?

NO

Add Nebuliser

- Air-driven nebuliser: Salbutamol 2.5mg **AND** Ipratropium 500mcg

Continue Treatment

Repeat salbutamol via inhaler and spacer as needed

Continue Treatment

- Repeat salbutamol nebuliser 2.5mg as needed

Assess need for hospital

- Severity of symptoms
- Confusion
- Inability to manage/lack of support at home
- Lack of response to treatment
- Other medical conditions
- Patient and whānau preferences (advance care plan)
- Document resuscitation status and consider ceiling of care for all patients

Assess appropriateness of hospital transfer

- Patient and whānau preferences (advance care plan)

Is Hospital Required?

YES

Is Hospital Transfer Appropriate?

YES

NO

NO

Transfer to Hospital

Community/Hospice based care

Ongoing Management

- Complete 5 days of prednisone
- Complete 5 to 7 days of antibiotics, if indicated
- Salbutamol as-needed via inhaler & spacer
- Continue regular inhalers unless contraindicated
- Arrange primary care follow-up within 2 weeks and update COPD action plan
- Refer to pulmonary rehabilitation unless completed recently or contra-indicated

Outpatient Management