MANAGING A COPD EXACERBATION CHECKLIST

This Checklist is supported by the use of STEPWISE MANAGEMENT OF STABLE COPD available at www.lungfoundation.com.au/stepwise.

IN HOSPITAL

☐ Inhaled bronchodilators  Use short-acting bronchodilators as appropriate to improve symptoms.

☐ Oral corticosteroids  Consider use of oral corticosteroids (5 days, oral route, short course, no tapering) to reduce readmission and length of stay.

☐ Oral antibiotics  Prescribe if clinical features of infection are present. Oral antibiotics are preferred over IV antibiotics.

☐ Oxygen therapy  Aim for oxygen saturation of 88-92% in hypoxaemic patients.

☐ Non-invasive ventilation (NIV)  Consider NIV to reduce length of stay and mortality due to hypercapnic respiratory failure.

☐ Physiotherapy  Encourage physical activity and introduce the most appropriate airway clearance technique for patients who have difficulty clearing sputum.

☐ Smoking status  Review current status and implement smoking cessation strategies including referral to Quitline (13 78 48).

PRIOR TO LEAVING HOSPITAL

☐ Smoking cessation support  Ensure smoking cessation strategies are in place.

☐ Spirometry  Perform and/or arrange spirometry.

☐ Inhaler technique  Check technique and ensure patient is able to use each inhaler correctly.

☐ COPD Action Plan  Provide or update where one already exists.

☐ Pulmonary rehabilitation  Refer to pulmonary rehabilitation, discuss benefits and encourage attendance.

☐ General Practitioner  Arrange follow-up appointment with nominated GP. Prepare and provide summary of inpatient treatment to nominated GP.

☐ Medication  Reassess adherence and step up therapy as appropriate e.g. consider need for inhaled corticosteroids and adding second long-acting bronchodilator.

☐ Support services  Establish support required at home or place of residence.

☐ COPD Information Pack  Provide patient with Lung Foundation Australia COPD Information Pack.

ONGOING CARE 1-4 WEEKS POST DISCHARGE

☐ Smoking status  Review status and implement smoking cessation strategies.

☐ Medication  Reassess adherence and review inhaler technique.

☐ COPD Action Plan  Review and discuss as appropriate.

☐ Vaccinations  Ensure influenza and pneumococcal vaccinations are up to date.

☐ Pulmonary rehabilitation  Ask about attendance and re-refer if necessary.

☐ Oxygen therapy  Review need for long term oxygen therapy (LTOT) in patients discharged from hospital on oxygen.

☐ Referral  Consider need for referral for additional services including peer support.


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Refer to pulmonary rehabilitation, discuss benefits and encourage attendance.