**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](http://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 to reduce readmission and length of stay (5 days, oral route, short course, no tapering).
- **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 for hypercapnic respiratory failure.
- **Airway clearance techniques (ACTs)**: Introduce the most appropriate ACT in patients with sputum, especially if tenacious.
- **Smoking status**: Review status and implement smoking cessation strategies including referral to Quitline (13 78 48).

### PRIOR TO LEAVING HOSPITAL
- **Smoking status**: Ensure smoking cessation strategies are in place.
- **Spirometry**: Perform and/or arrange spirometry.
- **COPD Action Plan**: Provide or update where one already exists.
- **Pulmonary rehabilitation**: Refer patient 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; minimise inhaler device polypharmacy.
- **Inhaler technique**: Check technique and ensure patient is able to use each inhaler correctly.
- **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.
- **Other**: Consider need for referral for additional services.

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**MANAGE COMORBIDITIES**

Manage comorbidities especially cardiovascular disease, anxiety, depression, lung cancer and osteoporosis.

Refer patients to Lung Foundation Australia for information and support

**FREECALL 1800 654 301**

Lung Foundation Australia has a range of resources to promote understanding of COPD and assist with management. Contact details of local pulmonary rehabilitation programs and Support Groups are also available.

It is recommended that you consult the suite of COPD-X Guidelines for further information when using this Checklist (COPD-X Plan: Australian and New Zealand Guidelines for the Management of COPD; COPD-X Concise Guide for Primary Care; Stepwise Management of Stable COPD). Visit [www.copdx.org.au](http://www.copdx.org.au) for further details.

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