

COPD Standard Operating Procedure Template

This procedure outlines a standardised, evidence-based pathway for in-hospital management of COPD exacerbations, aligned with the **COPD Clinical Care Standard**¹ and **The COPD-X Plan: Australian and New Zealand Guidelines for the Management of Chronic Obstructive Pulmonary Disease**². It provides steps for admission, treatment, and discharge to support consistent, high-quality care and continuity post-hospitalisation. Each patient should be individually assessed, as COPD presentations vary widely in disease type, comorbidities, and social circumstances, and care should be guided by an individualised treatment plan.

Phase 1: Admission and Initial Assessment

Diagnosis with spirometry

Team member: DR RS N

Clinical Care Standard 1



- Confirm diagnosis via post-bronchodilator spirometry (FEV1/FVC <0.7)
- If unavailable or not clinically appropriate, arrange spirometry prior to discharge or within 8 weeks in primary care
- Ensure spirometer calibration and quality control is documented

Comprehensive assessment

Team member: DR N

Clinical Care Standard 2



- Perform comprehensive assessment including general and mental health
- Assess symptom severity and impact using validated tool (e.g. CAT, mMRC)
- Evaluate exacerbation history (severity, frequency)

Phase 2: Treatment and Management During Hospital Stay

Pharmacological management

Team member: DR N PH

Clinical Care Standard 7



- Review current medications and modify based on the **COPD stepwise approach**
- Include short- and long-acting bronchodilators, corticosteroids as needed
- Include oral antibiotics if clinical features of infection are present
- Specialist review required before prescribing macrolides

Oxygen and ventilatory support

Team member: DR N

Clinical Care Standard 8



Under medical direction:

- Perform arterial blood gas analysis to assess for hypercapnic respiratory failure with acidosis
- Deliver controlled oxygen therapy to maintain documented target SpO2 levels
- Provide non-invasive ventilation (NIV) if indicated or document rationale for non-use

Inhaler technique assessment

Team member: N PH

Clinical Care Standard 3



- Assess and document inhaler technique before discharge
- Refer for Home Medicines Review or Residential Medication Management Review if appropriate

Smoking cessation and vaccination

Team member: N PH

Clinical Care Standard 4



- Record smoking status and offer cessation advice, pharmacotherapy, and referral to evidence-based behaviour support and counselling, including Quitline (13 78 48)
- Discuss influenza, pneumococcal, and COVID-19 vaccination with patient

Symptom support and palliative care

Team member: DR N

Clinical Care Standard 10



- Check for advance care plan and document goals of care and resuscitation preferences
- Initiate discussions on palliative care if symptoms are severe or frequent

DR Doctor (registrar, consultant, medical officer)

PH Pharmacist

DP Discharge planner

N Nurse (ward, respiratory, palliative)

RS Respiratory scientist

PT Physiotherapist

ED Educator

Pulmonary rehabilitation

Team member: DP PT

Clinical Care Standard 5



- Refer patient to pulmonary rehabilitation (PR) program prior to discharge
- Educate on benefits of PR and aim to commence within 4 weeks of discharge
- If ineligible for hospital PR, consider community, home-based or telehealth options

Education and self-management

Team member: N ED DR

Clinical Care Standard 3



- Provide or update **COPD Action Plan** with clear instructions
- Educate on symptom recognition and what to do if symptoms worsen
- Promote physical activity, healthy diet, use of techniques to manage breathlessness

Follow-up care after hospitalisation

Team member: DR DP

Clinical Care Standard 9



- Send discharge summary to nominated GP (diagnosis, tests, medication changes, CO₂ status, referrals: referrals to allied health and support services) on discharge
- Arrange follow-up assessment with primary care or specialist within 7 days
- If spirometry not performed, ensure referral is arranged post-discharge

Education and support

Clinical Care Standard 3



Lung Foundation Australia

- COPD-X Plan
- COPD Action Plan
- Managing a COPD Exacerbation Checklist
- Managing Exacerbations Algorithm



Lung Learning Hub

- Lung Learning Hub homepage



Australian Commission on Safety and Quality in Health Care

- COPD Clinical Care Standard



Palliative Care Australia

- National Palliative Care Standards for Specialist Palliative Care Providers 5.1 Edition (2024)



The American Thoracic Society and the European Respiratory Society

- Standardisation of Spirometry 2019 Update

DR Doctor (registrar, consultant, medical officer)

PH Pharmacist

DP Discharge planner

ED Educator

N Nurse (ward, respiratory, palliative)

RS Respiratory scientist

PT Physiotherapist

¹ Australian Commission on Safety and Quality in Health Care. Chronic Obstructive Pulmonary Disease Clinical Care Standard. Sydney: ACSQHC; 2024.

² Yang I, George J, McDonald C, McDonald V, Ordman R, Goodwin A, et al. The COPD-X plan: Australian and New Zealand guidelines for the management of chronic obstructive pulmonary disease 2024. Version 2.75. [Internet]. Brisbane: Lung Foundation Australia; 2024. Available from: <https://copdx.org.au/copd-x-plan>