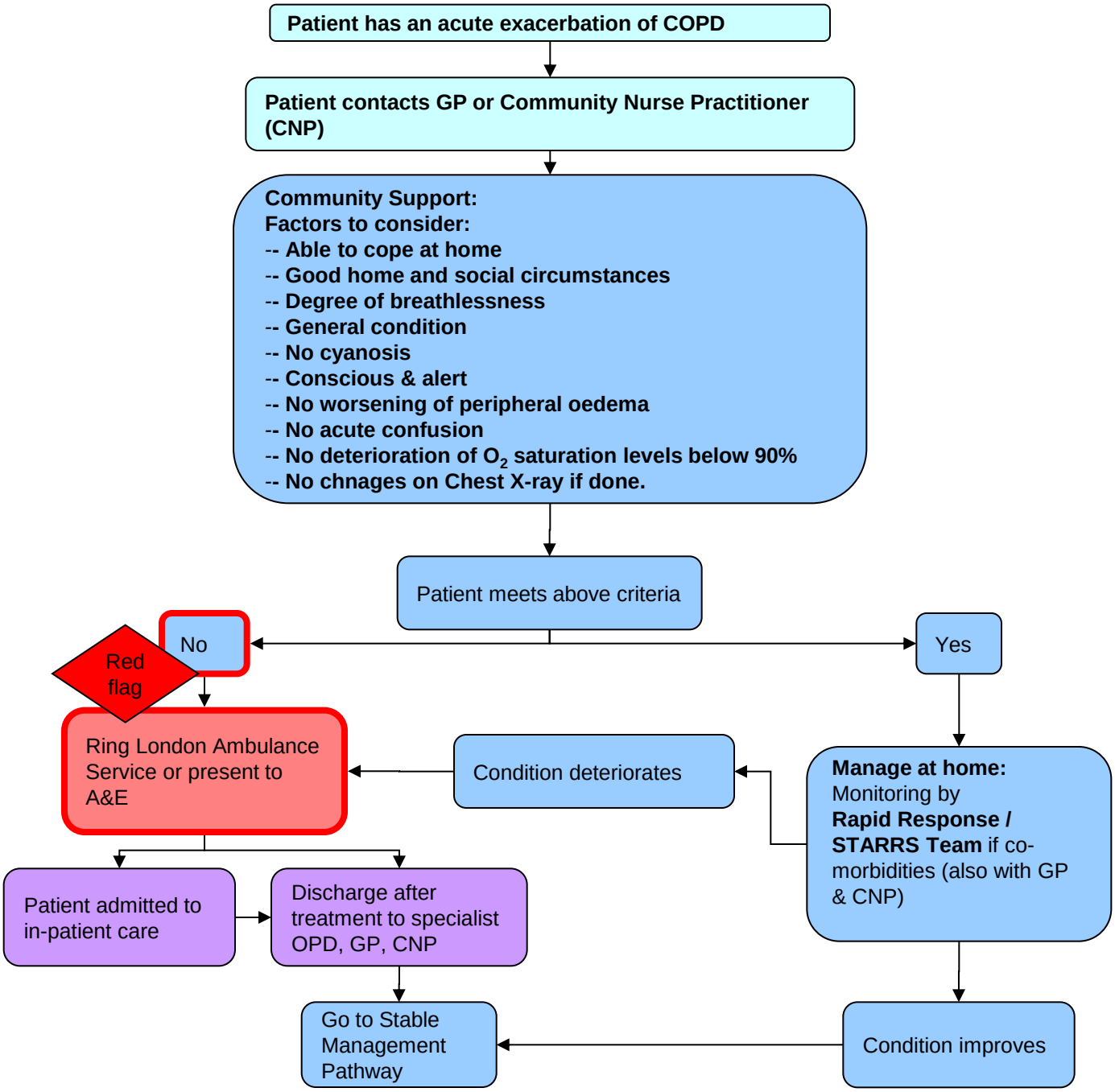
MANAGEMENT OF ACUTE EXACERBATION OF COPD

RSP-2 Protocol and Pathway - Respiratory Medicine Specialty (29/03/2011)



Key

Patient presents | GP level intervention | Alternative Outpatient Service | Acute hospital | Red flag

Exacerbations
Educate patients regarding symptoms of exacerbation and encourage them to report these for early treatment.
Exacerbations can be associated with:
-- increased breathlessness
-- increased sputum purulence
-- increased sputum volume
-- increased cough

Initial Management of an exacerbation
-- Increase frequency of bronchodilator use
-- **Oral prednisolone 30mg daily** for 7-14 days (unless contraindicated)
-- If purulent sputum – oral antibiotics (amoxicillin 500mg TDS 7 days OR doxycycline 200mg stat then 100mg OD or BD OR a macrolide)
-- consider osteoporosis prophylaxis if recurrent exarcebations

Further Management of an exacerbation
If 2 or more exacerbations (requiring treatment with oral corticosteroids and/or antibiotics) in 12 months **and FEV1 _<50% predicted** consider adding in **inhaled corticosteroid ICS)**
Local choice
Recommendations include:
-- BDP 500mcg BD
-- FD 250-500mcg BD
-- BUD 200-400mcg BD
-- Qvar 200mcg BD
ICS monotherapy: used in COPD trials although not licensed in COPD
NB used in combination with LABA
Licensed products available:
-Seretide Accuhaler 500
1 puff BD
-Symbicort Turbohaler 400
-1 puff BD only if patient has adequate inspiratory flow
Plus as needed short acting B2-agonist