

## COPD Exacerbation

### ***Important Differential Diagnoses to Consider:***

- Asthma
- Congestive heart failure
- Pneumonia
- Tuberculosis
- Anxiety/ hyperventilation
- Pulmonary embolism
- Malignancy

### ***Investigations:***

- [ ] Complete vital signs (Temp, BP, HR, RR, SpO<sub>2</sub>)
- [ ] Chest X-ray
- [ ] ECG

### ***Treatment:***

- [ ] Oxygen if symptomatic and SpO<sub>2</sub> <85%
- [ ] Prednisolone 40mg x 5 days
  - Hydrocortisone 100mg IV TDS for 1-2 days only if requiring BiPAP or unable to tolerate PO
- [ ] Salbutamol + Ipratropium nebulizer
- [ ] Azithromycin 500mg x 1 day, then 250mg x 4 days
  - Doxycycline 100mg BD x 5 days if azithromycin used in past 3 months
  - Ceftriaxone 1g IV x 5 days if signs of pneumonia, requiring BiPAP, or unable to tolerate PO
- [ ] BiPAP if severe dyspnea or respiratory muscle fatigue
- [ ] Furosemide if signs of volume overload (lower extremity or pulmonary edema)

### ***Prior to Discharge:***

- [ ] Prescribe salbutamol rotacaps
- [ ] If the pt has had more than 1 exacerbation in last 6mos, prescribe salmeterol rotacaps also
- [ ] Assess rotacaps technique
- [ ] Educate about smoking cessation and indoor air pollution
- [ ] Ensure hospital follow-up in 4-6 weeks
- [ ] Screen patients to identify those from VDC in CHP catchment area

### ***Recommended When/ Where Available:***

- [ ] Enroll in CHP home-visit follow-up program
- [ ] Schedule CHW home-visit within 2 weeks
- [ ] Influenza vaccine
- [ ] Pneumococcal (PCV) vaccine if >65 years old
- [ ] Arrange for home oxygen when SpO<sub>2</sub> <88%

## COPD in the Clinic

### Key Points:

-The management and treatment of COPD should be based on individualized assessment and reduction of symptoms and risk of exacerbations.

### Diagnostics:

-No diagnostics needed for stable patients

-Evaluate all patients for signs of exacerbation (increased cough, increased sputum, change in sputum)

### Treatment Plan:

#### Medications:

For occasional symptoms (only with exercise, no exacerbations), give salbutamol 1-2 puffs every 4-6 hours as needed

If increasing or persistent symptoms, then **add** salmeterol rotacap 1 inhalation twice daily

If still uncontrolled or further exacerbations, then **add** theophylline 150mg PO twice daily

If still uncontrolled, then **add** beclomethasone rotacaps 1-2 inhalations daily

If still uncontrolled, then **add** azithromycin 250mg PO daily (max 1 year duration)

Decrease medications slowly if symptoms controlled and no exacerbations in last 6 months

Advise on correct inhaler use. Add spacer if possible. Rinse mouth after beclomethasone.

#### Lifestyle recommendations:

Smoking cessation

Avoid indoor and outdoor air pollution (burning biomass)

Get pneumococcal vaccine

Exercise as much as able

#### Treatment to Avoid:

Antibiotics

Steroids

Antitussives

#### Facility-based Follow-up Plan:

Follow up in 4-8 weeks

#### Community Health Follow-up Plan:

Follow up monthly per protocol