

## GETTING THE BASICS RIGHT

### Four key components of a COPD review:

- Assessment of severity
- Reinforcement of smoking cessation advice
- Review of non-pharmacological and pharmacological management
- Review of self-management, information and education

Reproduced from PCRS-UK opinion sheet (<https://www.pcrs-uk.org/resource/Opinion-sheets/reviewing-people-copd-opinion-sheet>)

### What to do at a review - COPD Checklist

#### Breathlessness and exercise tolerance

- How far can the patient walk?
- Can the patient walk on an incline / climb the stairs?
- MRC Dyspnoea score
- Check pulse oximetry

#### Sputum production

- Document presence of cough and sputum
- Document colour and consistency - thick or easy to expectorate
- Have you coughed up any blood? (If yes, investigate for lung cancer or other pathology)

#### Frequency of exacerbations

- Ask about and document details of courses of antibiotics and/or oral steroids since last assessment
- Document details of any hospital admissions for respiratory illness

#### Lifestyle and patient education and information

- Smoking status
- Provide Very Brief Advice - see <https://www.pcrs-uk.org/smoking-cessation>
- Refer for smoking cessation support services
- Review inhaler technique
- Review self-management plan
- Review and discuss social and lifestyle issues resulting from COPD and offer support where appropriate
- Discuss the importance of exercise and offer a referral for pulmonary rehabilitation (if appropriate)
- Assess nutritional status and check weight, and calculate BMI

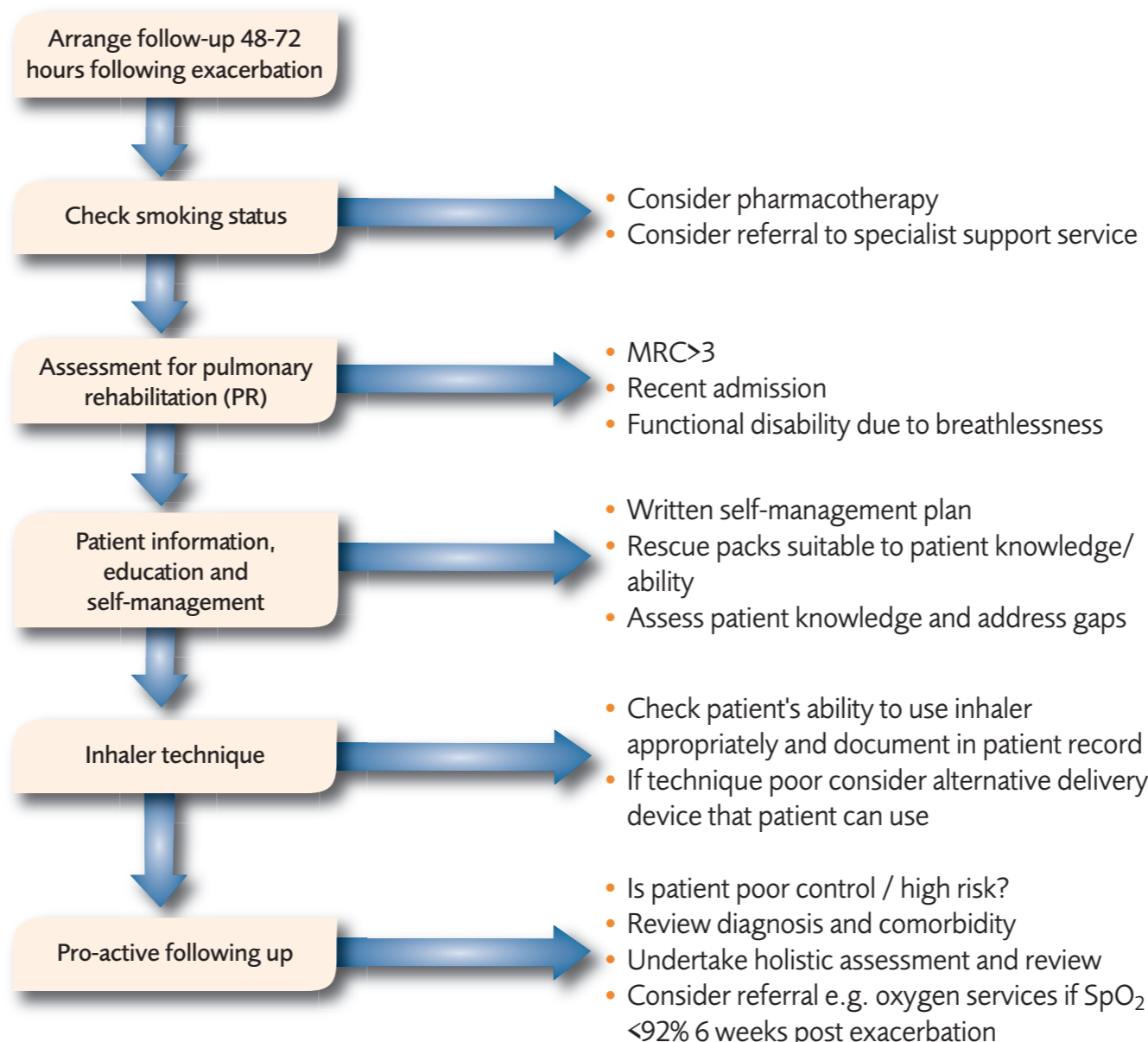
#### Review management and check for complications and co-morbidities

- Check vaccination status
- Review and treat functional deterioration and symptom management
- Look for ankle swelling / cor-pulmonale
- Look for signs of anxiety and/or depression using relevant approved tools to assess this
- Review other comorbidities and possible drug interactions
- Consider need for osteoporosis prevention particularly with those on high dose or frequent courses of steroids

Adapted from the PCRS-UK Checklist for COPD (<https://www.pcrs-uk.org/resource/Nurse-tools/copd-clinic-checklist-pdf>) and the PCRS-UK COPD review opinion sheet (<https://www.pcrs-uk.org/resource/Opinion-sheets/reviewing-people-copd-opinion-sheet>)

## YOUR ESSENTIAL GUIDE TO THE MANAGEMENT OF COPD

### Critical actions to take following an exacerbation



Adapted from PCRS-UK Practice Improvement Sheet for post-acute COPD care bundle (<https://www.pcrs-uk.org/resource/Improvement-tools/post-acute-copd-care-bundle-improvement-worksheet>)

### OTHER TOOLS AND QUESTIONNAIRES

- COPD Assessment tool - <http://catestonline.org/>
- St George's Respiratory Questionnaire - <http://www.healthstatus.sgul.ac.uk/>
- Clinical COPD Questionnaire (CCQ) - <http://www.ccq.nl/>
- Patient Health Questionnaire 9 - [http://phqscreeners.com/pdfs/02\\_PHQ-9/English.pdf](http://phqscreeners.com/pdfs/02_PHQ-9/English.pdf)

### Smoking cessation - Make Every Contact Count

Very Brief Advice – The Three A's

- ASK** Identify smoking status
- ADVISE** Explain the benefits of stopping smoking
- ASSIST** Offer support and advice (e.g. via Stop Smoking Services)



For more information on your role in supporting patients to stop smoking visit our web pages at <https://www.pcrs-uk.org/smoking-cessation>

### MRC Dyspnoea Score

Breathlessness is a primary symptom of COPD, causing increasing disability as the disease progresses. The Medical Research Council (MRC) dyspnoea scale is a widely used validated method of assessing breathlessness and an essential part of a COPD review. The scale assesses breathlessness in the context of the disability it causes.

Ask the patient to read the five statements below and indicate which of the following applies to them:-

- 1 Not troubled by breathlessness except on strenuous exercise
- 2 Short of breath when hurrying or walking up a slight hill
- 3 Walks slower than contemporaries on level ground because of breathlessness, or has to stop for breath when walking at own pace
- 4 Stops for breath after walking about 100m or after a few minutes on level ground
- 5 Too breathless to leave the house, or breathless when dressing or undressing

### COPD Action Plans

Help your patients to manage their condition by using COPD action plans as a tool to discuss the patients' condition, review progress and inform and educate patients about their condition and how to manage it. A sample COPD action plan is shown below:-

WHAT ACTION TO TAKE IF YOUR SYMPTOMS GET WORSE:	THEN	Look at table	WARNING
<b>FIRST</b> Check the colour of your sputum: Cough sputum onto a white tissue. If your sputum colour has changed from clear or pale to a darker shade e.g. yellow or green for at least 24 hours: start <b>ANTIBIOTICS</b> .	<b>Symptoms</b>	<b>OK</b> / <b>CAUTION</b> / <b>ACTION</b>	<b>At any time if you get Severe symptoms:</b> If you have symptoms in the <b>red ACTION</b> column have tried medication and you are not getting better, please <b>contact your doctor/nurse for an urgent appointment</b>
<b>RELIEVER TREATMENT</b> Salbutamol via Inhaler or Nebuliser Maximum dose ..... times per day Other .....	Breathlessness	Normal/Usual / Worse than usual / Much worse than usual	<b>EMERGENCY</b> If you have any of the following: • Very short of breath • Chest pains • High fever • Feeling of agitation, fear, drowsiness or confusion <b>DIAL 999 AMBULANCE</b>
<b>ANTIBIOTICS</b> Please take your home supply or obtain a prescription without delay from the surgery.	Cough	Normal/Usual / More than usual / Much more than usual	<b>Oxygen</b> In an emergency please <b>do not</b> use <b>high flow</b> oxygen. Give sufficient oxygen to reach the target saturation ..... % (usual range 88-92%)
<b>PREDNISOLONE</b> Take 30mg once daily (6 x 5mg tablets) for 7-14 days	If all of your symptoms are in the <b>green OK</b> column continue usual treatment		
	If any of your symptoms are in the <b>orange CAUTION</b> column: Increase your <b>RELIEVER TREATMENT</b> , take regularly up to maximum dose. Keep a close eye on your symptoms. If you improve within 2 days resume usual treatment. <b>If NO improvement start PREDNISOLONE</b>		
	If any of your symptoms are in the <b>red ACTION</b> column: Take maximum reliever treatment and start <b>PREDNISOLONE immediately</b>		
	<b>FOLLOW-UP</b> Please contact your surgery within 24 hours of starting prednisolone or and/or antibiotics		

Reproduced by PCRS-UK with permission from Dr Rupert Jones

For more information on self-management download our COPD Quick Guide available at <https://www.pcrs-uk.org/resource/Guidelines-and-guidance/QGCOPD>

### PCRS-UK Quick Guide to the diagnosis and management of COPD in Primary Care

Practical and easy to read, this booklet is based on NICE COPD Guidelines and quality standards. It also draws on other relevant national guidance for oxygen, pulmonary rehabilitation and spirometry. It is an excellent, succinct, patient-centred guide to the diagnosis and management of COPD for the generalist primary care health professional. Download your copy from PCRS-UK at <https://www.pcrs-uk.org/resource/Guidelines-and-guidance/QGCOPD>

Reproduced from PCRS-UK Quick Guide to the Diagnosis and Management of COPD in Primary Care

Launched in 2014 by the British Lung Foundation, the COPD Patient Passport is designed to help healthcare professionals ensure people with COPD are getting the best possible care and managing their condition as effectively as possible.

- Prompts discussion during annual reviews and routine check-ups
- Helps support patients to self-manage their COPD optimally
- Aims to improve on-going long-term care and help to reduce the impact of the disease and minimise risk of exacerbation
- Signposts patients to wider support from the BLF

**Access the tool today...**  
The interactive online version of the Patient Passport is available at <http://passport.blf.org.uk/>  
Hard copies can be ordered from the BLF shop free of charge at <http://shop.blf.org.uk/products/copd-passport>

**The British Lung Foundation**  
The British Lung Foundation (BLF) is the only UK charity working for everyone and anyone affected by lung disease. The BLF has 230 Breathe Easy groups around the nation, providing peer support and information to patients and carers. Many groups also support pulmonary rehabilitation, exercise classes, choirs and walking groups.

**For further information: Helpline (Mon-Fri, 9am-5pm): 03000 030 555**  
Email: [enquiries@blf-uk.org](mailto:enquiries@blf-uk.org) Web: <http://www.blf.org.uk>

### Primary Care Respiratory Society UK

The cost effective way to ensure you are delivering high value patient-centred care. The PCRS-UK offers you:

- Easy access** to a wealth of online resources written by primary care for primary care
- Quarterly paper copies of the Primary Care Respiratory Update**, the members' publication bringing you the latest respiratory news, research and policy
- E-alerts and mailings** to keep you up to date
- Support** with professional development
- Friendly community of like-minded peers** who all care about respiratory care
- Access** to exclusive member-only events

**Annual membership only £59 including VAT, plus huge savings on national PCRS-UK conference**

Join now at <http://www.pcrs-uk.org>

