

# 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 (5 days, oral route, short course, no tapering) to reduce readmission and length of stay.
- 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 due to hypercapnic respiratory failure.
- Physiotherapy** Encourage physical activity and introduce the most appropriate airway clearance technique for patients who have difficulty clearing sputum.
- Smoking status** Review current status and implement smoking cessation strategies including referral to Quitline (13 78 48).

## PRIOR TO LEAVING HOSPITAL



- Smoking cessation support** Ensure smoking cessation strategies are in place.
- Spirometry** Perform and/or arrange spirometry.
- Inhaler technique** Check technique and ensure patient is able to use each inhaler correctly.
- COPD Action Plan** Provide or update where one already exists.
- Pulmonary rehabilitation** Refer 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 e.g. *consider need for inhaled corticosteroids and adding second long-acting bronchodilator.*
- 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.
- Referral** Consider need for referral for additional services including peer support.

Refer to **STEPWISE MANAGEMENT OF STABLE COPD** resource available at [www.lungfoundation.com.au/stepwise](http://www.lungfoundation.com.au/stepwise).

## MANAGE COMORBIDITIES

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

**Refer patients to Lung Foundation Australia for information and support**  
**FRECALL**  
**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; Stepwise Management of Stable COPD).  
**Visit [www.copdx.org.au](http://www.copdx.org.au) for further details.**



**Lung Foundation Australia**

1800 654 301 | [Lungfoundation.com.au](http://Lungfoundation.com.au)