

COPD Rescue Pack Information

Background

Chronic Obstructive Pulmonary Disease (COPD) is the second most common cause of emergency admission to hospital nationally, but there is robust evidence that many admissions are avoidable.¹ Readmissions are also a significant problem in COPD; of all emergency readmissions to hospital COPD is the 5th most common cause nationally.¹

The NICE guideline for COPD recommends: *Patients at risk of having an exacerbation of COPD (flare-up) should be given a course of antibiotic and corticosteroid tablets to keep at home for use as part of a self-management strategy.*² This reflects good evidence that prompt therapy in exacerbations results in less lung damage, faster recovery and fewer admissions (and subsequent readmissions) to hospital.¹ In the national context, despite NICE guidance, the National Audit for COPD 2008 found that only one third of people with COPD admitted as an emergency during an exacerbation had been given standby drugs.⁴

It is acknowledged that not all patients will be eligible or appropriate for the provision of antibiotic and corticosteroid for self-treatment at home,³ and in addition, NICE advises that the appropriate use of these medications should be monitored.² We are referring to this stand-by supply of antibiotic and corticosteroid tablets for a COPD exacerbation as a COPD Rescue Pack.

Which patients should have Rescue Packs?

Patients who have had a COPD exacerbation should be considered for rescue medication. Consider in particular patients with a confirmed diagnosis of COPD (i.e. the presence of airflow obstruction has been confirmed by post-bronchodilator spirometry) who are:

- Under the care of a Secondary care respiratory clinician

and/or

- Have had two or more exacerbations or have visited A&E/been admitted to hospital with an exacerbation of COPD.

Patients suitable for use of a rescue pack may also be appropriate for referral to pulmonary rehabilitation and this should be re-visited with the patient. Patients should also have a COPD self-management plan developed with the clinician managing their COPD. A patient's COPD self-management plan should explain when they should commence their stand-by prednisolone +/- antibiotic.

This guidance does not apply to patients on long term prophylactic antibiotics for a respiratory condition.

Practices should have a process in place for supply, monitoring and review of rescue medications. Reviews should be regular and at least at every annual review or, after a maximum of 2 Rescue Pack issues.

COPD Patient Reviews

Things to consider at review:

- Are emergency supply packs being used appropriately and is self-management still appropriate?
- Are they true exacerbations?
- Re-assess for co-morbidity (for example malignant change), treatment adherence, and inhaler technique.
- Consider pulmonary rehabilitation for those patients who may have previously declined.
- Consider bronchiectasis and check sputum for unusual organisms. (Sputum samples could be considered for symptomatic patients to exclude atypical organisms).
- Review regular medication. For patients who have had 2 or more exacerbations in 12 months consider LABA with an inhaled corticosteroid (ICS) in a combination inhaler if not already on one or LAMA in addition to LABA+ICS if having exacerbations despite taking LABA+ICS.
- Consider bone densitometry (particularly in younger patients) or osteoporosis prophylaxis if the patient has taken ≥ 3 courses of oral prednisolone in 12 months.
- Consider whether a longer course of prednisolone is required (maximum of 14 days) and whether weaning rather than stopping abruptly would be beneficial.

Prescribing Guidance

In line with the local prescribing guidelines the **first line** choice of **COPD Rescue Pack** antibiotic is amoxicillin:

Amoxicillin 500mg COPD Rescue Pack antibiotic capsules,
1 three times daily for 5 days. For COPD flare-up.

Prednisolone 5mg tablets COPD Rescue Pack steroid tablets, 6 immediately
and then 6 in the morning for 7 – 14 days.
For COPD flare-up.

For patients intolerant to, or otherwise unable to have amoxicillin; the alternative is doxycycline:

Doxycycline 200mg stat then 100mg COPD Rescue Pack antibiotic,
1 once a day for 5 days. For COPD flare-up.

Prednisolone 5mg tablets COPD Rescue Pack steroid tablets, 6 immediately
and then 6 in the morning for 7 – 14 days.
For COPD flare-up.

References

1. Department of Health. An Outcomes Strategy for COPD and Asthma: NHS Companion Document. May 2012, Department of Health
2. NICE. Chronic obstructive pulmonary disease: Management of chronic obstructive pulmonary disease in adults in primary and secondary care. NICE, 2010
3. NICE. Quality Standard for Chronic Obstructive Pulmonary Disease. July 2011
4. Royal College of Physicians. The National COPD Audit 2008. Royal College of Physicians, London