

Medicines Optimisation Best Practice Guidance – *Bulletin 20*

Advice for care home staff caring for service users with Chronic obstructive pulmonary disease (COPD)

What is COPD?¹

Chronic obstructive pulmonary disease (COPD) is the name given to a group of lung diseases that cause breathing difficulties. COPD includes:

- chronic bronchitis – there is damage to the air sacs in the lungs
- emphysema – long-term inflammation of the airways is present

COPD is a condition where the airways become inflamed and scarred causing the air sacs in the lungs become damaged. This leads to the airways becoming narrower, making it harder to get air in and out of the lungs. This is what causes the feeling of breathlessness.

- The most common cause of COPD is smoking. The likelihood of developing COPD increases the more a person smokes and the longer they smoke.
- It can affect people who have never smoked, usually due to exposure of harmful fumes or dust. In some people COPD is caused by a rare genetic problems which makes the lungs more vulnerable to damage.

What are the symptoms of COPD?¹

The main symptoms of COPD are:

- Shortness of breath, particularly when active
- A persistent chesty cough with phlegm – some people may confuse this as just a ‘smoker’s cough’
- Frequent chest infections
- Persistent wheezing

Without treatment, symptoms tend to get gradually worse over time and can limit normal activities. Treatment will not cure COPD but will help to keep the symptoms under control. Many people may suffer periods when the symptoms get suddenly worse, know as a ‘flare-up’ or exacerbation.

What can cause an exacerbation?

- Pollution from dust, moulds, exhaust fumes or chemicals
- Aerosols, such as hairsprays, deodorants and air fresheners
- Strong odours including perfumes and cleaning products
- Weather conditions such as very cold or hot temperatures
- Infections such as colds or flu.

Recognising the signs of this and getting early treatment can help to prevent further damage and often avoid an admission to hospital.

Self-Management Plan

Nice Clinical Knowledge Summary COPD (CKS Sep 2023)² states that COPD patients should be provided with a **self-management plan which provides personalised advice** on:

- Lifestyle measures including diet, exercise, and smoking cessation (if necessary).
- Importance of vaccinations for flu and covid
- Appropriate used of inhalers including inhaler technique
- Recognising early signs of an exacerbations such as (see overleaf):
 - Increased breathlessness.
 - Increased sputum.
 - Discoloured sputum.
 - Fever.
- Management of exacerbations

Self-management plans must be reviewed regularly.

This must be kept in the resident's care plan and with the MAR chart for information

Management plan for people who have frequent exacerbations

The resident should have:

- **A structured written action plan** on how and when to increase the use of their short-acting bronchodilator inhalers (relievers), and, if there is no response, when to contact their prescriber.
- **Where a supply of rescue medication has been prescribed**, written information to advise when it is appropriate to start these medicines. These are usually a course of antibiotics and/or corticosteroids which are kept in the care home just in case (often known as SOS packs). **These are supplied as an 'acute' prescription.**

The written information should advise:

- To start oral corticosteroid therapy if increased breathlessness interferes with activities of daily living.
- To start antibiotics if sputum becomes discoloured or increases in volume
- To contact the prescriber if:
 - the person has started treatment as a healthcare profession may wish to review the person
 - carers are uncertain about whether to start treatment
 - the person become more unwell
 - there is no improvement in symptoms after 2 days (or according to the self-management plan).

This must be kept in the resident's care plan and with the MAR chart for information

In the absence of a care plan what should you do?²

- Decide if a person is suffering an exacerbation and act accordingly as per the table below.
- Once the exacerbation has been managed, arrange for resident to have an appointment with the GP practice respiratory nurse to review their treatment and obtain an action plan to be followed in the future

Annual Reviews

- **All** residents with COPD should have an **annual review of their condition and treatment**.
- If you notice a resident's condition is worsening or you suspect they can no longer use their inhalers effectively contact the GP practice to request a review.

References

1. NHS choices: Chronic Obstructive Pulmonary Disease. <http://www.nhs.uk/conditions/Chronic-obstructive-pulmonary-disease/Pages/Introduction.aspx#symptoms> [Accessed December 2023]
2. NICE CKS Chronic obstructive pulmonary disease September 2023. <https://cks.nice.org.uk/topics/chronic-obstructive-pulmonary-disease/management/stable-copd/#self-management-plan> [Accessed December 2023]
3. Asthma and lung UK: How to care for someone with a lung condition. <https://www.asthmaandlung.org.uk/living-with/caring/how-care-someone-lung-condition#:~:text=Caring%20for%20someone%20living%20with,appointments%2C%20or%20pulmonary%20rehabilitation%20sessions> (Accessed December 2023)
4. Chronic Obstructive Pulmonary Disease (COPD) Self – Management Plan. Norfolk and Waveney Rightcare respiratory group. May 2018. (Accessed December 2023) [copd_self_management_action_plan.docx \(live.com\)](#)

COPD Action Plan

<h2 style="margin: 0;">COPD Action Plan</h2> <p style="margin: 0; font-size: 0.9em;">– put this somewhere in your house where you can easily see it e.g. on the fridge</p>	
<p>When you are well, be aware of the following:</p> <p>How much activity you can do each day. What your breathing is like when you are resting and when you are active. How much phlegm you cough up and what colour it is. Things that make your breathing worse. What your appetite is like. How well you are sleeping</p>	<p>Action:</p> <p>Have something to look forward to each day. Plan ahead – pace yourself and allow enough time to do things Exercise every day. Take your medication as directed by your doctor. Never allow your medications to run out. Avoid things that make your condition worse. Eat a balanced diet and drink plenty of fluids.</p>
<p>The following are signs that your symptoms are getting worse:</p> <p>More breathless or wheezy than usual. Reduced energy for daily activities. Increased cough + / - increased amount of phlegm Change in colour of phlegm. Poor sleep and/or symptoms waking you in the night.</p>	<p>Action:</p> <p>Consider taking your SOS medicines. If you are in any doubt as to what action to take, please contact your GP /nurse or OOH 111 service for advice. If you start your SOS medicines contact your usual nurse or doctor as soon as is practicably possible, but at least within 72 hours Allow more time for things. Get plenty of rest. Use relaxation and controlled breathing techniques Eat small amounts more often and drink enough fluids</p>
<p>The following are signs of a severe attack:</p> <p>Breathlessness and cough getting worse. You are not able to carry out your normal daily activities Your medications are not working</p>	<p>Action:</p> <p>YOUR SURGERY NUMBER IS: <input style="width: 100px; height: 20px;" type="text"/></p> <p>During surgery hours phone your doctor or nurse for advice After 6.30pm and weekends ring 111; please tell them you have COPD and a self-management plan, ask them to put you through to a nurse or doctor if you do not think you need an ambulance</p>
<p>The following are danger signs:</p> <p>Very short of breath at rest with no relief from medication. Chest pains. High fever. A feeling of agitation, fear, drowsiness or confusion</p>	<p>Action:</p> <p>Dial 999 for an ambulance</p>

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Dissemination	Is there any reason why any part of this document should not be available on the public website? <input type="checkbox"/> Yes / No <input checked="" type="checkbox"/>
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Version Control (To be completed by policy owner)

Version	Date	Author	Status	Comment
0.1	June 2016	Prescribing & MM team – Marion Sully	Draft	Adapted to fit the Best Practice format from original by Sue Woodruff
0.2	October 2016	MS	Draft	To SMT for discussion
1.0	October 2016	MS	Final	Agreed at SMT
1.1	Nov 18	Zoe Dean	Update	Updated with new guidelines for exacerbation. Logo changed and references checked
2.0	Feb 2019	Medicines Optimisation Team	Final	Amendments approved by senior team
2.1	July 2021	Medicines Optimisation Team – LW	Reviewed	Reviewed and references checked
3.0	August 2012	Medicines Optimisation Team	Final	Amendments discussed and agreed at senior team meeting
3.1	December 2023	Medicines Optimisation Team – HH	Reviewed	Transferred to new ICB template. Reviewed and minor amendments made to layout. References checked and updated.