


| <p>Forenames</p> <p>Lastname</p> <p>Hospital No.</p> <p>D.O.B.</p> | St Helens and Knowsley Teaching Hospitals <small>NHS Trust</small> | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--------------------------|---|--|---------------------|---|--------------------------|--------------------------|---|----------------------------|--------------------------|--------------------------|----------------------------|---|--------------------------|---|-------|--|--------------------------|--------------------------|-------|---|--------------------------|--------------------------|-------|
| <p>COPD MANAGEMENT PATHWAY</p> <p><small>This bundle applies to all patients admitted to hospital with acute deterioration of known or suspected COPD to ensure patient safety with timely and accurate diagnosis of COPD, correct assessment of oxygenation, early response to respiratory failure.</small></p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>ADMISSION BUNDLE</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Within 1 Hour</p> | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 40%; text-align: left;">Comment</th> </tr> </thead> <tbody> <tr> <td>Obs including SpO₂ taken</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Air <input type="checkbox"/> On O₂ <input type="checkbox"/></td> </tr> <tr> <td>Oxygen administered</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>ABG (if SpO₂ ≤ 94%)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Oxygen prescribed (include target saturation)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Nebulised bronchodilator (Air driven if indicated)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> </tbody> </table> | | Yes | No | Comment | Obs including SpO ₂ taken | <input type="checkbox"/> | <input type="checkbox"/> | Air <input type="checkbox"/> On O ₂ <input type="checkbox"/> | Oxygen administered | <input type="checkbox"/> | <input type="checkbox"/> | _____ | ABG (if SpO ₂ ≤ 94%) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Oxygen prescribed (include target saturation) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Nebulised bronchodilator (Air driven if indicated) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | Yes | No | Comment | | | | | | | | | | | | | | | | | | | | | | |
| Obs including SpO ₂ taken | <input type="checkbox"/> | <input type="checkbox"/> | Air <input type="checkbox"/> On O ₂ <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | |
| Oxygen administered | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | | | | | | | | | | | | | | | | | | | |
| ABG (if SpO ₂ ≤ 94%) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | | | | | | | | | | | | | | | | | | | |
| Oxygen prescribed (include target saturation) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | | | | | | | | | | | | | | | | | | | |
| Nebulised bronchodilator (Air driven if indicated) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | | | | | | | | | | | | | | | | | | | |
| <p>Within 2 Hours</p> | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 40%; text-align: left;">Comment</th> </tr> </thead> <tbody> <tr> <td>Repeat ABG (within 30mins if O₂ started or concentration/flow changed)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>ECG</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Consider NIV (Consider NIV if Type 2 Respiratory Failure pH<7.35 despite 1hr of optimal medical therapy)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Document ceiling of care</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> </tbody> </table> | | Yes | No | Comment | Repeat ABG (within 30mins if O ₂ started or concentration/flow changed) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | ECG | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Consider NIV (Consider NIV if Type 2 Respiratory Failure pH<7.35 despite 1hr of optimal medical therapy) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Document ceiling of care | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | |
| | Yes | No | Comment | | | | | | | | | | | | | | | | | | | | | | |
| Repeat ABG (within 30mins if O ₂ started or concentration/flow changed) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | | | | | | | | | | | | | | | | | | | |
| ECG | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | | | | | | | | | | | | | | | | | | | |
| Consider NIV (Consider NIV if Type 2 Respiratory Failure pH<7.35 despite 1hr of optimal medical therapy) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | | | | | | | | | | | | | | | | | | | |
| Document ceiling of care | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | | | | | | | | | | | | | | | | | | | |
| <p>Within 4 hours</p> | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 40%; text-align: left;">Comment</th> </tr> </thead> <tbody> <tr> <td>Chest x-ray</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Antibiotics (if indicated)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Steroids</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Consider IV Aminophylline</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> </tbody> </table> | | Yes | No | Comment | Chest x-ray | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Antibiotics (if indicated) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Steroids | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Consider IV Aminophylline | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | |
| | Yes | No | Comment | | | | | | | | | | | | | | | | | | | | | | |
| Chest x-ray | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | | | | | | | | | | | | | | | | | | | |
| Antibiotics (if indicated) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | | | | | | | | | | | | | | | | | | | |
| Steroids | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | | | | | | | | | | | | | | | | | | | |
| Consider IV Aminophylline | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | | | | | | | | | | | | | | | | | | | |
| <p>Transfer</p> | <p>Transfer to Ward 1B AEC for patients deemed suitable for Early Supported Discharge (ESD). Patients on IV antibiotics or with co-existent Pneumonia need clinician to clinician discussion. An ESD referral form must be completed and instructions followed when discharging with ESD support <input type="checkbox"/></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #d9534f; color: white;"> <th style="width: 50%;">Inclusion Criteria</th> <th style="width: 50%;">Exclusion Criteria</th> </tr> </thead> <tbody> <tr> <td>Confirmed COPD (respiratory consultant or obstructive Spirometry) & registered with Knowsley/Liverpool /St Helens GP</td> <td>Definite asthma</td> </tr> <tr> <td>Systolic BP >100mmHg</td> <td>Pneumothorax</td> </tr> <tr> <td>pH >7.35</td> <td>Cardiac failure</td> </tr> <tr> <td>pCO₂ < 8kPa</td> <td>Acute ECG changes /MI</td> </tr> <tr> <td>pO₂ ≥ 6.7kPa</td> <td>Acute unresolved confusion</td> </tr> <tr> <td>WCC 4-20</td> <td><18 years of age</td> </tr> <tr> <td colspan="2">For Liverpool Community Health (LCH) ESD – a review by Respiratory SpR or Consultant is required or alternatively by discussion with patient's GP</td> </tr> </tbody> </table> <p>Transfer should be arranged to respiratory ward or AMU for further inpatient management if unsuitable for ESD. <input type="checkbox"/></p> | Inclusion Criteria | Exclusion Criteria | Confirmed COPD (respiratory consultant or obstructive Spirometry) & registered with Knowsley/Liverpool /St Helens GP | Definite asthma | Systolic BP >100mmHg | Pneumothorax | pH >7.35 | Cardiac failure | pCO ₂ < 8kPa | Acute ECG changes /MI | pO ₂ ≥ 6.7kPa | Acute unresolved confusion | WCC 4-20 | <18 years of age | For Liverpool Community Health (LCH) ESD – a review by Respiratory SpR or Consultant is required or alternatively by discussion with patient's GP | | | | | | | | | |
| Inclusion Criteria | Exclusion Criteria | | | | | | | | | | | | | | | | | | | | | | | | |
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| Systolic BP >100mmHg | Pneumothorax | | | | | | | | | | | | | | | | | | | | | | | | |
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| pCO ₂ < 8kPa | Acute ECG changes /MI | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>ADMISSION BUNDLE COMPLETED <input type="checkbox"/></p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 50%;">Name _____</td> <td style="width: 50%;">Bleep _____</td> </tr> <tr> <td>Signature _____</td> <td>Date ____/____/____</td> </tr> </table> | | Name _____ | Bleep _____ | Signature _____ | Date ____/____/____ | | | | | | | | | | | | | | | | | | | | |
| Name _____ | Bleep _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature _____ | Date ____/____/____ | | | | | | | | | | | | | | | | | | | | | | | | |

THIS SECTION OF THE CARE BUNDLE SHOULD BE FILLED WHILST ADMINISTERING TREATMENT OR IMMEDIATELY AFTER

TO BE FILLED PRIOR TO TRANSFER

| Forenames Lastname Hospital No. D.O.B. | | <div style="text-align: right;">  St Helens and Knowsley Teaching Hospitals <small>NHS Trust</small> </div> <div style="text-align: center;"> COPD MANAGEMENT PATHWAY <small>This bundle applies to all patients admitted to hospital with acute deterioration of known or suspected COPD to ensure patient safety with timely and accurate diagnosis of COPD, correct assessment of oxygenation, early response to respiratory failure.</small> </div> | | | | | | | | | | | | | |
|--|---|---|--|--------------------|--------------------|--|-----------------|-----------|-------------------|--|--|----------------------------------|------------------------------------|--|-----------|
| DISCHARGE BUNDLE | | | | | | | | | | | | | | | |
| Smoking Cessation | If current smoker or ex-smoker for less than 1 year refer to Ext: 4332 <i>(Out of hours leave message with Name and Hospital No.)</i> Y <input type="checkbox"/> N/A <input type="checkbox"/> Declined <input type="checkbox"/> | | | | | | | | | | | | | | |
| Inhaler technique assessment | Inhaler technique assessed Y <input type="checkbox"/> N/A <input type="checkbox"/> Declined <input type="checkbox"/> Spacer provided <i>(if indicated)</i> Y <input type="checkbox"/> N/A <input type="checkbox"/> Declined <input type="checkbox"/> If inhaler technique deficient, referred to COPD Nurse specialist or pharmacist for extra support Y <input type="checkbox"/> N/A <input type="checkbox"/> Declined <input type="checkbox"/> | | | | | | | | | | | | | | |
| Treatment Optimisation | Review inhalers & other COPD medication Y <input type="checkbox"/> N/A <input type="checkbox"/> Nebulisers stopped if not on home nebulisers unless discharging with ESD support If discharging with ESD and requires short term nebs ensure these are prescribed and the loan compressor has been arranged Y <input type="checkbox"/> N/A <input type="checkbox"/> | | | | | | | | | | | | | | |
| COPD Patient Information & Education <small>(St Helens GP patients only)</small> | Trust COPD Patient information leaflet given Y <input type="checkbox"/> N/A <input type="checkbox"/> Declined <input type="checkbox"/> Trust COPD 'Rescue Pack' information given Y <input type="checkbox"/> N/A <input type="checkbox"/> Declined <input type="checkbox"/> Self-Management Plan for COPD completed Y <input type="checkbox"/> N/A <input type="checkbox"/> Declined <input type="checkbox"/> Oxygen alert WALLET card given (if applicable) Y <input type="checkbox"/> N/A <input type="checkbox"/> Declined <input type="checkbox"/> (Leaflets to be given to patients only once, if not previously provided) | | | | | | | | | | | | | | |
| Pulmonary Rehabilitation (PR) | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9534f; color: white;"> <th style="text-align: left;">Inclusion Criteria</th> <th style="text-align: left;">Exclusion Criteria</th> </tr> </thead> <tbody> <tr> <td rowspan="3">Confirmed diagnosis of COPD & MRC score 3 or above</td> <td>Unstable angina</td> </tr> <tr> <td>Acute LVF</td> </tr> <tr> <td>Mod / severe LVSD</td> </tr> <tr> <td>Patient is aware of contents of programme and motivated to participate</td> <td>Uncontrolled hypertension / arrhythmia</td> </tr> <tr> <td>Not been on PR in last 12 months</td> <td>MI within 6/52 of commencing rehab</td> </tr> <tr> <td></td> <td>Severe OA</td> </tr> </tbody> </table> Assessed for suitability Y <input type="checkbox"/> N/A <input type="checkbox"/> Declined <input type="checkbox"/> Referred for Pulmonary Rehab Y <input type="checkbox"/> N/A <input type="checkbox"/> Declined <input type="checkbox"/> | | | Inclusion Criteria | Exclusion Criteria | Confirmed diagnosis of COPD & MRC score 3 or above | Unstable angina | Acute LVF | Mod / severe LVSD | Patient is aware of contents of programme and motivated to participate | Uncontrolled hypertension / arrhythmia | Not been on PR in last 12 months | MI within 6/52 of commencing rehab | | Severe OA |
| Inclusion Criteria | Exclusion Criteria | | | | | | | | | | | | | | |
| Confirmed diagnosis of COPD & MRC score 3 or above | Unstable angina | | | | | | | | | | | | | | |
| | Acute LVF | | | | | | | | | | | | | | |
| | Mod / severe LVSD | | | | | | | | | | | | | | |
| Patient is aware of contents of programme and motivated to participate | Uncontrolled hypertension / arrhythmia | | | | | | | | | | | | | | |
| Not been on PR in last 12 months | MI within 6/52 of commencing rehab | | | | | | | | | | | | | | |
| | Severe OA | | | | | | | | | | | | | | |
| Follow up plan | All patients with AECOPD will need to have follow up in the community in person or by phone. Refer to community COPD nurse specialist to advise on need for follow up unless otherwise instructed by consultant in charge of patient care. Referral for follow up completed Y <input type="checkbox"/> N/A <input type="checkbox"/> Declined <input type="checkbox"/> Referral for Oxygen clinic completed Y <input type="checkbox"/> N/A <input type="checkbox"/> Declined <input type="checkbox"/> Refer patient with no spirometry in last 12 months for spirometry 6 – 8 weeks post discharge Consider referral for follow up in Oxygen clinic in 6/52 of discharge for those patients sent home on SBOT or requiring assessment for LTOT. | | | | | | | | | | | | | | |
| DISCHARGE BUNDLE COMPLETED <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Name _____ | | Bleep _____ | | | | | | | | | | | | | |
| Signature _____ | | Date ____/____/____ | | | | | | | | | | | | | |

THIS SECTION OF THE CARE BUNDLE SHOULD BE FILLED PRIOR TO DISCHARGE

DISCHARGE NURSE TO SIGN PRE-DISCHARGE