

ED COPD Guideline

Initial Assessment and Management

- ABCDE – attach monitoring/basic history
- Sit patient up 45°
- Apply O₂ – start high and titrate to 88-92% using Venturi masks
- ABG
- IV Access and Bloods – Med A +- Cultures
- CXR/ECG

Medical Therapy

Nebulisers

- Salbutamol 2.5 – 5.0 mg prn
- Ipratropium 500mcg qds

Steroids

- Prednisolone 30mg po
- Hydrocortisone 200mg IV if cannot swallow

Antibiotics

- Only use if increased sputum volume/purulence
- Or evidence of sepsis

Non-Invasive Ventilation

- pH < 7.35 and PaCO₂ > 6.5kPa
- Has received optimal medical management?
- See separate NIV Guidance

- May consider IV Aminophylline in refractory wheeze despite maximal nebulised treatment
- 5mg/kg IV over 20mins loading dose in those not previously on theophylline – **ECG monitoring**
- 500-700mcg/kg/hour infusion adjusted according to theophylline levels