Tackling frequent exacerbations in COPD patients

Aneela Tehseen
Clinical Pharmacist

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COPD background

- Exertional breathlessness
- Chronic cough
- Regular sputum production
- Regular winter bronchitis
- Wheeze
- Risk factors (Smoking history, occupational exposure)
- Age ≥ 35Y

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Features of acute exacerbation

- Worsening breathlessness
- Increase in sputum volume
- Change in sputum colour
- Wheeze
- New cough / increased cough
- URTI within last 5 days
- Fever with no obvious reason

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What causes an exacerbation?

- Viral respiratory infection
- Bacterial respiratory infection
- Exposure to certain triggers that makes it difficult to breathe (smoke, allergen, air pollution etc)

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How is an exacerbation assessed and treated?

- *Exclude Sepsis*
- *Exclude need for hospitalisation*
- *Have you considered COVID exposure?*
- Increase the dose of SABA using a spacer
- For increased breathlessness not responding to optimised SABA consider oral steroids (please consider contraindications too)
- Where the exacerbation is accompanied with increased volume and/or change in colour of sputum consider antibiotics

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- A supply of standby medication that patient keeps at home to use if their condition (COPD) deteriorates.

What is a rescue pack?

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What does COPD rescue pack comprise?

- A course of Oral steroids tablets
+
- A course of antibiotics

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Who is suitable for a COPD rescue pack?

- Patient who has had a minimum of one exacerbation in past 12 months and remains at risk of further exacerbations
- Patient has had a respiratory disease related hospital admission in past 12 months
- Patient can demonstrate understanding of identification of COPD exacerbation symptoms.

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What else needs to be in place for a rescue pack suitability?

- Patient must agree to notify GP practice when he/she starts using the rescue pack
- Patient has personalised self-management plan
- Patient has appropriate spacer device to use with SABA inhaler

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Challenges

- Patients/ carers/ Chemist requesting rescue pack too often
- Prescribers issuing rescue pack without acknowledging the unsuitable frequency of prescribing
- Undesirable and frequent use of oral steroids leading to multiple issues such as osteoporosis, water retention, worsening HF, depression etc.
- Undesirable and frequent use of antibiotics giving rise to antimicrobial resistance

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- Analytical auditing
  - All patients on COPD register with issue of all oral steroids over past 12 months
  - All patients on COPD register with issue of all oral antimicrobials (for respiratory disease) over past 12 months
  - Mark each patient who is currently receiving a rescue pack (S, A, S+ A)
  - Add number of respiratory disease related hospital admission over past 12 months (may be coded)
  - Look whether patient is under respiratory team care already or a referral is indicated!

Do I have a problem?

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Where do I start?

Engage multidisciplinary team members

At a later stage you will need members of front desk non-clinical staff on-board too

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Basics of what needs changing!

Re-assessment of judicious use of rescue pack

Antimicrobials must be included where recommended by Respiratory team (evidence will be in correspondence from secondary care)

Add large volume spacer as variable use repeat item and issue with easy to follow set of instructions on when and how to use during exacerbation

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Example of spacer device on patient medication list

Variable use repeat

N **AeroChamber Plus Flow-Vu Anti-Static with adult large mask (Trudell Medical UK Ltd)** To be used with Ventolin inhaler particularly during a flare-up (when you are experiencing increased breathlessness/wheeziness), 1 device

O **Prednisolone 5mg tablets** six tablet daily for 5 days, Please consider using this course if you remain breathless or experience wheezing despite using your regular inhalers via the spacer, 30 tablet
Pharmacy Text - COPD: Rescue Pack

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Example of Steroid rescue pack on patient medication list

Variable use repeat

L **Prednisolone 5mg tablets** 6 tablets to be taken as a single dose every morning for 5 days (you may start using this medication if you experience increased breathlessness, cough despite increasing your use of blue inhaler via spacer), 30 tablet
Pharmacy Text - Please counsel:
Patient Text - If you have not felt better within 48 houts of using this medication, please contact your Doctor for the same day appointment.

Hospital

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Example of antibiotic rescue pack on patient medication list

- **Amoxicillin 500mg capsules** (Personally Administered) One To Be Taken Three Times A Day, Please consider using this course if you develop more sputumthan usual or change in colour of sputum or feel poorly despite having used the steroid course for 2 days already., 15 capsule
  Pharmacy Text - This is advised by ARAS team July 2019

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Communication with patients

- Letters to patients where you suspect inappropriate use of antimicrobial and you have replaced antimicrobial availability with clinical assessment.
- Letters to patient where a rescue pack is being introduced for the first time. Do not forget to include information on interpretation of COPD exacerbation. This should accompany a telephone consultation to explain and agree the rescue pack plan.
- You may want to add your practice's pledge to offer same day appointment (a minimum of telephone consultation) for every COPD patient but particularly those where antimicrobials are removed from the rescue pack

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Preparing resources

- COPD project SOPs/ plan
- COPD pre-populated exacerbation screening template
- Dealing with COPD rescue pack requests: Training for Front desk staff members

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- Antimicrobial stewardship
- Variable use repeat Rx
- Adding, editing and removing Pharmacy/ Patient messages from prescriptions
- Coding exacerbations appropriately
- Manually using CPD exacerbation template

Meeting CPD needs of Clinicians

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- Support MDT via regular communications
- Request feedback
- Prepare to be flexible for case by case scenarios as one size does NOT fit all

Implementation

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- Re-visit all parameters as initial audit
- Ideally leave 6 months before re-auditing
- Do not forget to look for respiratory disease related hospital admissions during the time of your COPD project.
- Remember to compare findings against initial audit

Re-audit

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What we should achieve?

- A better patient understanding of a COPD exacerbation via written and verbal communication
- A valuable additional clinical input into patients' care when they exacerbate
- An educational intervention via printed message on dosing instruction of spacer, reliever, oral Steroid and Antibiotics. Therefore, improving patients' knowledge on when, how and why to use each one of them
- Reducing antimicrobial resistance

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Any Questions?

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