**Chronic Obstructive Pulmonary Disease (COPD) – Acute Exacerbation Requiring Non-Invasive Ventilation (NIV)**

**EQ-5D Scores**

* **On Admission:** (Mobility: 3, Self-Care: 2, Usual Activities: 3, Pain/Discomfort: 2, Anxiety/Depression: 3)
* **Before Discharge:** (Mobility: 3, Self-Care: 3, Usual Activities: 4, Pain/Discomfort: 3, Anxiety/Depression: 2)

**Issues & Progress**

1. **COPD Exacerbation Requiring Non-Invasive Ventilation (NIV)**
   * Admitted with **worsening dyspnea, productive cough, and respiratory distress**.
   * pCO₂ retention with respiratory acidosis on **arterial blood gas (ABG)**; started on **bilevel positive airway pressure (BiPAP)** for ventilatory support.
   * Successfully weaned off NIV after clinical stabilization with **bronchodilators, corticosteroids, and antibiotics**.
   * Maintained on **long-term inhaler therapy with optimization of bronchodilators** before discharge.
2. **Decline in Self-Care Independence Due to Respiratory Fatigue**
   * Initially required **minimal assistance** for personal care but experienced **progressive fatigue and breathlessness with basic activities** (e.g., dressing, showering).
   * Before discharge, **increased dependence on caregivers** for dressing and personal hygiene.
   * Advised on **paced activity strategies and self-care modifications** to reduce exertion.
3. **Increased Limitation in Physical Function and Activity Tolerance**
   * Pre-morbidly independent in most activities; on admission, **unable to perform light household tasks or prolonged standing** due to dyspnea.
   * Before discharge, **remains limited in walking longer distances and requires frequent rest breaks**.
   * Referred for **pulmonary rehabilitation** to improve endurance and optimize physical function.
4. **Worsening Musculoskeletal Pain Due to Respiratory Effort**
   * Reported **generalized myalgia, chest wall discomfort, and shoulder pain**, exacerbated by **prolonged accessory muscle use** and **frequent coughing**.
   * Pain management optimized with **regular paracetamol and physiotherapy interventions**.
   * Encouraged **breathing exercises and postural adjustments** to reduce discomfort.
5. **Respiratory Improvement with Persistent Functional Limitation**
   * Off NIV with **improved gas exchange and stable oxygen saturation** on room air.
   * Despite **improved resting symptoms, exertional dyspnea persists**, limiting return to baseline function.
   * Referred for **long-term pulmonary rehabilitation and outpatient respiratory follow-up** to optimize lung function and physical conditioning.