



Chronic Obstructive Pulmonary Disease (COPD) Rescue Packs Protocol for Health Care Professionals

Background

NICE guidelines 114 and 115 set out an antimicrobial prescribing strategy for acute exacerbations of chronic obstructive pulmonary disease (COPD). Both aim to optimise antibiotic use while reducing the risk of resistance.

[COPD in over 16s: diagnosis and management NG115 July 2019](#)

Exacerbation action plans were shown to improve quality of life and reduce hospital admissions for people at risk of exacerbations. Recommendations were made to provide exacerbation action plans with short courses of antibiotics and corticosteroids to use at home.

The potential for antibiotic overuse was highlighted and the importance of continued monitoring stressed to ensure people are using these medicines appropriately.

[COPD \(acute exacerbation\): antimicrobial prescribing NG 114 Dec 2018](#)

Highlighted that repeated use of antibiotics means that they will not continue to be effective in the future.

[2024 GOLD Report - Global Initiative for Chronic Obstructive Lung Disease - GOLD \(goldcopd.org\)](#)

Refers to patient being provided with a written action plan with prescriptions to be self-administered at home and gives an example of a generic action plan which includes rescue antibiotics and steroids.

Process for supply, monitoring and review

Develop an individualised exacerbation action plan as part of the self-management plan in collaboration with each person with COPD who is at risk of exacerbations.

Identification of Patient

Consider patients with a confirmed diagnosis of COPD who have had an exacerbation in the past year and remain at risk of exacerbations.

Offer people a short course of oral corticosteroids and a short course of oral antibiotics to keep at home as part of their exacerbation action plan if:

- they have had an exacerbation within the last year, and remain at risk of exacerbations
- they understand and are confident about when and how to take these medicines, and the associated benefits and harms
- they know to tell their healthcare professional when they have used the medicines, and to ask for replacements

At all review appointments, discuss corticosteroid and antibiotic use with people who keep these medicines at home, to check they still understand how to use them.

Before issuing rescue medication

- The patient's current medication has been reviewed and is in line with [Frimley Health and Care COPD Guidelines](#)
- The following interventions have taken place : smoking cessation, influenza vaccination, pneumococcal vaccination, and pulmonary rehabilitation
- The health care professional (HCP) should provide the patient with the Frimley Health patient information leaflet for COPD rescue packs and following discussion be satisfied that the patient understands when to use the rescue medicines
- The patient understands that in the event that he/she needs to take the rescue medication, the practice must be contacted and follow up arranged
- **For people who have used ≥ 2 courses of oral corticosteroids and/or oral antibiotics in the last year, investigate the possible reasons for this.**



Patient Education

Patients need to be taught:

- How to recognise the start of an exacerbation (e.g., whether there has been a change in the volume, thickness or colour of the phlegm they produce normally and whether they are experiencing breathlessness or wheeze)
- About the risks and benefits of the treatment
- Alarm symptoms – things to be alert for that are not typically part of an exacerbation or things that might mean something different is going on
 - Severe breathlessness
 - Chest pain
 - Inability to complete sentences
 - High fever or temperature
- As a safety net, patients should be told that, if their symptoms feel different from their usual exacerbation, then taking the rescue medication alone may not be the right thing to do , they must also contact their GP or COPD nurse.

Treatment choice

Encourage patients with COPD to respond promptly to exacerbation symptoms by following their action plan, which may include:

- adjusting their short-acting bronchodilator therapy to treat their symptoms
- taking a short course of oral corticosteroids if their increased breathlessness interferes with activities of daily living
- adding oral antibiotics if their sputum changes colour and increases in volume or thickness beyond their normal day-to-day variation
- **both antibiotics and steroids are not needed for all exacerbations**

Recommended treatment:

[COPD Acute Exacerbation: SCAN Anti-Microbial Guidelines](#)

There is additional information on this website for treatment choices in patients who have an increased risk of antibiotic resistance or known previous resistance.

[COPD \(acute exacerbation\): anti-microbial prescribing NG 114 Dec 2018](#)

Steroid	Prednisolone 5mg : take 6 tablets as a single dose each morning with food for 5 days (or up to 14 days if advised by a health care professional)
Antibiotic	amoxicillin 500mg: take one capsule tds for 5 days <i>If allergic to penicillin the patient should be prescribed:</i> doxycycline : 200mg stat then 100mg od for 5 day course in total (increased if necessary to 200mg once daily in severe infections) or clarithromycin 500mg bd for 5 days

See above guidelines for the treatment of more complex patients who may not be suitable for a rescue pack

Initial prescribing of rescue pack

- Add an indication to the dosing instructions as a reminder to patients eg. to be taken in the event of an exacerbation of COPD
COPD rescue medication- steroid to be taken in the event of COPD exacerbation with increased breathlessness/wheeze
COPD rescue medication -antibiotic to be taken in the event of a COPD exacerbation with significantly increased thickness of sputum (or change in sputum volume/colour)
- Enter the SNOMED clinical code on the system :*issue of COPD rescue packs*



- Patients should be followed up after the use of a rescue pack and flagged for further review if have used ≥ 2 courses of oral corticosteroids and/or oral antibiotics in the last year
- Consider if a steroid card should be issued to the patient, particularly if multiple courses of steroids have been issued in the last year [National Patient Safety Alert – Steroid Emergency Card](#)
- **Rescue packs should not be available on repeat** , they may be added to the system on variable repeat

Follow up and re-issue of emergency supply packs

- Patients should be instructed to contact their GP surgery or COPD specialist nurse if starting the rescue pack
- Enter the SNOMED clinical code on the system : *acute exacerbation of COPD*
- Enter the SNOMED clinical code on the system : *issue of COPD rescue packs* (issued on acute or variable repeat)
- Post exacerbation all patients to have a follow up review

Considerations if patient is exacerbating frequently (2 or more exacerbations in a 12 month period) or if patient is not responding well to treatment of exacerbation

- Are rescue packs being used appropriately and is self-management still suitable?
- Is the patient experiencing true exacerbations?
- Re-assess for co-morbidity, treatment adherence and inhaler technique
- Review regular medication in line with [Frimley Health and Care COPD Guidelines](#)
- Consider bronchiectasis and check sputum for unusual organisms
- Patients who have commitment or exposure to oral glucocorticoids may require osteoporosis prophylaxis. These patients should be assessed as per [Full Guideline | NOGG](#) (section 7: Glucocorticoid induced osteoporosis)

References

Included as links in document