

Remember

to tell your doctor or nurse if things don't improve within two days of starting the drugs you keep at home.

Most people can be treated at home if they have a flare-up, but you may need to go to hospital depending on how severe your symptoms are.

Positive actions to keep yourself well

- Yearly flu jabs
- Make sure up to date with pneumonia jabs
- Avoid crowded places when coughs and colds are going around
- Avoid sudden changes in temperatures
- Stay as active as possible
- Have regular daily intake of fruit and vegetables

If you require this leaflet in another language, braille or audio tape please contact us on 0800 012 1858.

Managing exacerbations for COPD patients and self-management plans.

Exacerbations (flare up) of a chronic lung condition are defined as a sustained worsening of the patient's symptoms from their usual stable state that is beyond normal day-to-day variations, and is acute in onset.

Commonly reported symptoms:

- Worsening breathlessness
- Cough
- An increased sputum production
- Change in sputum colour
- Reduced exercise tolerance
- Increased fatigue
- Increased wheeze and chest tightness
- Ankle swelling
- Find it more difficult to maintain normal daily activities

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It is important to monitor for signs and symptoms of an exacerbation. First of all, you need to know your symptoms on a daily basis, so you know when they change.

This might be:

- You are coughing more than normal
- You are more tired than normal
- A change in the amount, colour or thickness of your sputum
- You have a temperature
- You find normal activities more difficult
- You are more breathless

Management

Most patients with an exacerbation of a chronic lung condition can be managed at home but some will require admission to hospital.

Recent trials have shown that about 30% of patients referred for hospital

admission could be successfully treated at home with immediate or early supported discharge and nurse led home care. The decision whether to treat at home or admit to hospital involves:

- An assessment of the severity of symptoms (degree of breathlessness, presence of cyanosis or peripheral oedema and the level of consciousness).
- What your condition is normally like.
- General health.
- The presence of co-morbidities.
- Whether or not the patient is already receiving long term oxygen.
- The patient's ability to cope at home.

If you have COPD and you have two or more of these symptoms it is advisable to commence your standby medication. Only start the antibiotics if the sputum has

changed colour, got thicker and increased in quantity. Most GP's will issue patients with COPD a standby course of steroids and antibiotics to use when they have an exacerbation.

You should also be advised to contact your respiratory nurse/physiotherapist or Doctor if things don't improve.

Patients should be admitted if:

- Their condition worsens
- Symptoms are not being adequately controlled
- Oxygen saturation levels are falling
- The patient's social circumstances warrant admission

Treatment at home

According to NICE national guidelines the principles of treatment are

- Prednisolone 30 mg daily for seven to 14 days
- Antibiotics only started if the sputum has changed colour, got thicker and increased in quantities
- Increased doses or frequency of short acting bronchodilators (inhalers used with a spacer device are as effective as nebulisers)
- Sending sputum samples for culture is not recommended in routine practice.
- Pulse oximetry (this measures how much percentage oxygen there is in the blood) is of value if there are clinical features of a severe exacerbation

Patients should have a self-management plan, which should include appropriate action at the first sign of an acute exacerbation.