PROBARI

Probari's Top 3 Tips - Managing COPD Exacerbation In-House

1. Early Identification and Action

- a. **Educate your staff, residents and family**
    - i. Provide oral and written information on signs of an exacerbation
- b. **Use communication tools to ensure timely treatment**
    - i. ***Stop & Watch*** (INTERACT)
- c. **Use routine COPD focused assessments to identify symptoms**
    - i. Increased dyspnea (subjective or objective)
    - ii. New/worsened cough
    - iii. Sputum production (with/without purulence)
    - iv. Respiratory distress
    - v. Sleeplessness

2. Medical interventions for COPD Exacerbation

- a. **Oxygen**
    - i. Supplemental oxygen is sometimes required during an exacerbation
    - ii. Establish the goal oxygen saturation range (e.g. > 90-92% SpO2)
- b. **Inhaled medications**
    - i. Inhaled short-acting beta-agonists (e.g. albuterol) are the mainstay drug therapy for acute exacerbations.
    - ii. Anticholinergic drugs (e.g. ipratropium) often given concurrently or alternating with beta-agonist
- c. **Oral meds**
    - i. Steroid - this is usually required for treatment of all but mild cases of COPD exacerbations
    - ii. Antibiotic - recommended when purulent changes to sputum develop or concerning CXR results
    - iii. Mucolytic - aids in thinning of sputum; ensure sufficient hydration
    - iv. Anxiolytic - dyspnea often causes extreme anxiety requiring short term use of anxiolytic medication

3. Nursing Interventions for COPD Exacerbation - Monitoring and Treatment

- a. **Daily COPD focused nursing assessment documented**
    - i. Monitor for effectiveness of treatment, are symptoms improving?
    - ii. Timely identification of change in condition
- b. **Scheduled frequent 'check-ins' by staff**
    - i. Offer water/fluids
    - ii. Monitor for physical/emotional needs
    - iii. Provide reassurance/support
- c. **Pulmonary hygiene**
    - i. Breathing exercises
    - ii. Spirometry
    - iii. Smoking cessation support