DR MM's COPD Crib Sheet

Diagnosis

Persistent breathlessness or cough+ FEV1/FVC < 70% = diagnosis
A Satisfactory Spirometry:
Keep blowing till trace reaches plateau
Do slow exhalation to get VC if patient can't blow hard
FVC/FEV1 readings should be within 5% of each other
The expiratory volume-time graph should be smooth
Wait 6 weeks after a respiratory illness

Contras to Spirometry:

Recent MI (1 month)
Angina
Recent stroke or tia
intracranial or eye surgery, ear surgery, thoracic/abdominal surgery
Hemoptysis
Known thoracic, aortic or cerebral aneurysm
Recent pneumothorax
Uncontrolled hypertension
Pulmonary Embolism

Consider Asthma if: PH of inhaler use/hay fever/eczema
Variation in symptoms
Night time waking with breathlessness or cough
DO PFs [diary] Reversibility test [when symptoms are present]. Stop SABA 6h before and LABA 12h before.
COPD in Non Smoker: do alfa 1 anti trypsin
Ankles swollen: ? Cor Pulmonale do ECG, ECHO
Restriction [FEV1/FVC normal but FEV1 down] Refer to chest clinic. Causes: various fibrosing lung disorders chest wall problems large abdominal swellings

Management:

Newly diagnosed: FBC Chest X

BMI MRC Severity [FEV1]

The Medical Research Council (MRC) dyspnoea scale should be used to grade the level of breathlessness:

- Not troubled by breathlessness except on strenuous exercise.
- Short of breath when hurrying or walking up a slight hill.
- Walks slower than contemporaries on level ground because of breathlessness or has to stop for breath when walking at own pace.
- Stops for breath after walking about 100 m or after a few minutes on level ground.
- Too breathless to leave the house, or breathless when dressing or undressing.

- National Institute for Health and Care Excellence (NICE) classification of the severity of COPD:
    - Stage 1; Mild: FEV1 is > 80% predicted.
    - Stage 2; Moderate: FEV1 is 50-79% predicted.
    - Stage 3; Severe: FEV1 is 30-49% predicted.
    - Stage 4: Very severe: FEV1 is below 30% predicted (or FEV1 less than 50% but with respiratory failure).

Flu and Pneumo update
Inhaler Technique. MDI with spacer easier to use than breath actuated
Smoking Cessation
Pulmonary Rehabilitation if FEV1 <50%
LTOT Referral if Sat = or < 92%
Self Management Plan:
Prednisolone if increased dyspnoea
Add antibiotic if spit becomes coloured
Rescue Pack Code 8BMW [to monitor number of issues. Check number at COPD review]
Admit to hospital if Sat < 90% during an acute exacerbation