Collaborative COPD Care

Staying healthier and out of hospital

This document is available in "Resources" at: https://bit.ly/Refer-your-Patient-COPD

Chronic Obstructive Pulmonary Disease (COPD) is an umbrella term for a group of progressive lung conditions including Emphysema, Chronic Bronchitis and Chronic Asthma. COPD causes narrowing of the bronchial tubes in the lungs and this makes it difficult to breathe.

People affected by COPD benefit from close collaboration between patient, specialist and GP. This document is intended to help people with COPD work with their healthcare team to improve their quality of life.

Please make time for the following ☑:

Consider booking a GP appointment dedicated to these issues

- ❑ **Stopping smoking**
- ❑ **Ensuring vaccinations are up to date**
  COVID, pneumonia & yearly flu vaccines are all strongly recommended
- ❑ **Accessing pulmonary rehabilitation (lung exercise and education)**
  Research shows this improves people's function and reduces symptoms/admissions
- ❑ **Optimising inhaler understanding and use**
  Home Medication Reviews and inhaler videos are useful
- ❑ **Writing a COPD Action Plan and reviewing it after flare-ups**
  Ensure required home medication supplies are available

Self-care for COPD patients

Work with your GP on the issues in the box above

- Find inhaler videos, action plans and much more at https://lungfoundation.com.au/
- Exercise regularly. Aim for at least 4 sessions of 20 minutes weekly.
- Use self-management techniques from your Physiotherapist/Pulmonary Rehabilitation (lung exercise and education program)
- Eat a balanced diet and maintain a healthy weight https://lungfoundation.com.au/patients-carers/after-your-diagnosis-title/eating-well/
- Limit alcohol and sedating medication
- Address other physical and mental health issues (e.g. with your GP – see page 2)
- Minimise exposure to respiratory illness (masks, hand hygiene, distancing etc)
- Develop realistic goals, share these and work towards them
- Make an Advance Care Plan https://metrosouth.health.qld.gov.au/acp
- Seek input from your medical team as necessary
- Discuss how a "GP Management Plan" could help achieve the above

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GP suggestions

COPD Exacerbation Advice:

Virtual ED (1300 847 833) offers ED consultant input, alternative pathways and/or connection to specialist advice 7 days a week for patients requiring prompt hospital level input but not needing urgent transport to safety. Find out more: https://metronorth.health.qld.gov.au/hospitals-services/virtual-ed

Specific treatments:

Oxygen therapy is ONLY useful for the minority of patients i.e. with chronic hypoxaemia (or rarely, exertional hypoxaemia). It is not prescribed, or useful, for dyspnoea.

Pseudomonas: use antipseudomonal agents for compatible exacerbations in colonized airways. Consider 2 weeks of therapy to try and eliminate this when first cultured.

Oseltamivir can be considered in the first 3-5 days of flu-like exacerbations during influenza epidemics.

COVID antivirals should be accessed in <5 days in eligible patients with confirmed infection.

Mucolytics/steam/nebulized saline can have a useful airway maintenance role.

Nasal/sinus disease should be treated if it coexists.

Other ways to assist people with COPD:

Help minimize the impact of co-morbid conditions, in particular:

- Heart failure, arrhythmias, anaemia
- Diabetes
- Osteoporosis
- Depression/anxiety/cognitive impairment

Investigations:

- Perform sputum MC&S early in difficult cases and request AFB culture at least once
- Bear in mind the need to differentiate cultured colonisers from pathogens
- Consider imaging (eg. CXR) if indicated by the clinical picture
- Spirometry monitoring can be useful if COVID-safe to perform
- Please ensure results are copied to the hospital team (cc treating consultant)

Support carers who are crucial to the welfare of people with severe COPD
https://www.qld.gov.au/community/support-for-carers/support-groups-for-carers

Palliative care aims are symptom control, educating about what to expect and imparting a sense of safety. Early palliative care can also improve survival. Advanced care planning can be undertaken and care goals discussed. Prompts for referral include persistent symptoms despite optimal disease-directed treatment, recurrent futile hospitalization, COPD-related weight loss or increased frailty. Community Palliative Care can provide in-reach for patients wishing to die at home and unable to attend hospital.

Collaboration improves outcomes:

- Hospital teams appreciate an update if things change unexpectedly. Please contact the treating team.
- If a patient and their GP feel ongoing specialist input is of limited benefit, please advise the hospital (via referral channels or letter accompanying the patient) so ceasing regular follow-up can be considered.

Useful Links

HealthPathways is a GP decision-support tool with extensive information to guide all aspects of COPD management. Find more information: https://brisbanenorth.communityhealthpathways.org/16602.htm.

Lung Foundation Australia has a wealth of information and resources for patients and health professionals covering topics including COPD Action Plans and inhaler videos. Find more information: https://lungfoundation.com.au/.