

Primary Care Guidance on the Use of Rescue Packs for Exacerbations of COPD December 2021

There have been some cases recently where patients have received multiple courses of rescue packs (i.e., steroids and/or antibiotics) for COPD exacerbations. NICE and GOLD recommend the use of rescue packs for appropriate patients with specific training, and these can help prevent hospital admissions; however, they should always be prescribed with clinical guidance and must never be added to a repeat prescription list.

Excessive prescribing has resulted in patients becoming steroid dependant, and then requesting more and more cycles of medication. There is a risk that other underlying causes may be missed; antibiotic stewardship and resistance is also a concern.

Patients who received three or more courses of high dose oral glucocorticoids within the last 12 months and for 12 months after stopping and/or patients who use high doses of inhaled steroids >1000mcg/day beclomethasone or >500mcg/day fluticasone (or equivalent dose of another glucocorticoid), and for 12 months after stopping are also at increased risk of Adrenal Insufficiency. They need a **Steroid Emergency Card** and advice regarding “sick day rules” if unwell outside of hospital.

Rescue packs should only be held by a limited number of patients where the following criteria have been met:

- **Individualised specific self-management plan agreed between patient and clinician (including escalation plan if symptoms worsen, method for sputum sample collection)**
- **Patient has agreed to inform GP surgery when they start using a rescue pack.**
- **Patient will have a clinical review 3-4 days after start of course to review effectiveness and reduction of symptoms.**

If a patient is requesting a rescue pack, please review the following:

Has the patient had any of the following symptoms for **2 or more days** (N.B Please use this guidance in conjunction with your own clinical decision-making process, considering severity of symptoms and overall presenting picture):

Two or more of the symptoms below can indicate a flare up:

- More breathless than usual.
- An increase in the amount and / or change in colour of their sputum for 2 or more days.
- A new or increased cough.
- Wheeze and / or chest tightness.
- Increased tiredness.
- Loss of appetite.
- Less able to do normal activities or they are taking longer.

Suggested actions if patient has signs of a flare up:

- Increase reliever medication (SALBUTAMOL) 2 - 10 Puffs through a spacer (up to 4 times daily)
- If patient is known to the Community COPD team, review last clinical letter as this may contain relevant prescribing and management advice.
- If they have standby flare up medication (steroids /antibiotics) - take as advised, if not consider whether this would be appropriate.
- Inform GP surgery COPD nurse (or Community COPD team if patient known to the service) to ensure follow up review is booked.
- Review previous medication issues to assess whether patient has required rescue medication recently.
- If prescribing antibiotics review previous issues and sputum samples including sensitivities.
- If patient has already had a course of antibiotics and symptoms persist, obtain a sputum sample prior to giving further antibiotics.

General advice for patients:

- Balance activity with plenty of rest.
- Eat little and often.
- Drink plenty of fluids (not alcohol).
- Stay calm and relaxed as getting anxious will make your breathing worse.
- Remind patient of importance of follow up after 3-4 days of starting course of medication.
- Smoking cessation advice if appropriate.

Patients with confirmed exacerbations requiring multiple courses of medication can be referred to the Community COPD team for advice. Please complete referral form to the appropriate service based on locality.

References

National Institute for Health and Care Excellence (2018) Chronic obstructive pulmonary disease (acute exacerbation): antimicrobial prescribing. NG114. Available at <https://www.nice.org.uk/guidance/ng114/resources/chronic-obstructive-pulmonary-disease-acute-exacerbation-antimicrobial-prescribing-pdf-66141598418629>

GOLD (2020) Global Strategy for the diagnosis, management and prevention of Chronic Obstructive Pulmonary Disease (2020 Report). Available at https://goldcopd.org/wp-content/uploads/2019/12/GOLD-2020-FINAL-ver1.2-03Dec19_WMV.pdf

Society for Endocrinology Clinical Committee and the Royal College of Physicians Patient Safety Committee (2020) *Guidance for the prevention and emergency management of patients with adrenal insufficiency*
<https://www.rcpjournals.org/content/clinmedicine/20/4/371>

Association of Anaesthetists, The Royal College of Physicians, Society for Endocrinology (2020) *Guidelines for the management of glucocorticoids during the peri-operative period for patients with adrenal insufficiency*

<https://onlinelibrary.wiley.com/doi/full/10.1111/anae.14963>

Society for Endocrinology *Adrenal Crisis Information*

<https://www.endocrinology.org/adrenal-crisis>

Summary of patients eligible for the steroid emergency card

https://www.endocrinology.org/media/4030/spssfe_supporting_sec_final_hls-19022021-2-1.pdf