

COPD Rescue Pack Information

Background

Chronic Obstructive Pulmonary Disease (COPD) is the second most common cause of emergency admission to hospital nationally, however, there is robust evidence that many admissions are avoidable.¹ Readmissions are also a significant problem in COPD; of all emergency readmissions to hospital COPD is the 5th most common cause nationally.¹

The NICE guideline for COPD recommends: Patients at risk of having an exacerbation of COPD (flare-up) should be given a course of antibiotic and corticosteroid tablets to keep at home for use as part of a self-management strategy.² This reflects good evidence that prompt therapy in exacerbations results in less lung damage, faster recovery and fewer admissions (and subsequent readmissions) to hospital.¹

Please note, it is acknowledged that not all patients will be eligible or appropriate for the provision of antibiotic and corticosteroid for self-treatment at home,³ and in addition, NICE advises that the appropriate use of these medications should be monitored.²

We are referring to this stand-by supply of antibiotic and corticosteroid tablets for a COPD exacerbation as a COPD Rescue Pack.

It is recognised locally that stand-by medications for COPD are prescribed, however, how often is unable to be determined. In the national context, despite NICE guidance, the National Audit for COPD 2008 found that only one third of people with COPD admitted as an emergency during an exacerbation had been given standby drugs.⁴

Prescribing of COPD Rescue Packs

Which patients should have Rescue Packs?

Patients who have had a COPD exacerbation should be considered for rescue medication. Consider in particular patients with a confirmed diagnosis of COPD (i.e. the presence of airflow obstruction has been confirmed by post-bronchodilator spirometry) who are

- Under the care of a Secondary care respiratory clinician and/or
- Have had two or more exacerbations or have visited A&E/been admitted to hospital with an exacerbation of COPD.

Patients suitable for use of a rescue pack may also be appropriate for referral to pulmonary rehabilitation and this should be re-visited with the patient.

This guidance does not apply to patients on long term prophylactic antibiotics for a respiratory condition.

In line with the local [Primary Care Antimicrobial Guidelines](#)⁵ the first line choices of antibiotic for acute infective exacerbations of COPD are:

- Amoxicillin 500mg tds for 5 days or
- Doxycycline 200mg stat then 100mg od for 5 days in total or
- Clarithromycin 500mg bd for 5 days

The **Option 1** antibiotic choice for COPD Rescue Pack is **Amoxicillin**.

Prescriptions for the **Option 1** COPD Rescue Pack should be written as follows:

Amoxicillin 500mg capsules x 15 Sig: COPD Rescue Pack antibiotic capsules, 1 three times daily until course complete. For COPD flare-up.

Prednisolone 5mg tablets x 42 Sig: COPD Rescue Pack steroid tablets, 6 stat and then 6 mane for 1 week. For COPD flare-up.

The **Option 2** antibiotic choice for COPD Rescue Pack is **Doxycycline**.

Prescriptions for the **Option 2** COPD Rescue Pack should be written as follows:

Doxycycline 100mg capsules x 6 Sig: COPD Rescue Pack antibiotic capsules, 2 stat and then 1 daily until course complete. For COPD flare-up.

Prednisolone 5mg tablets x 42 Sig: COPD Rescue Pack steroid tablets, 6 stat and then 6 mane for 1 week. For COPD flare-up.

When issuing a prescription for a Rescue Pack please use the read code 8BMW – issue of COPD rescue pack.

Monitoring of COPD Rescue Packs

Practices should have a process in place for supply, monitoring and review of rescue medications. Using the read code 8BMW on issue will enable the use of Rescue Packs to be monitored.

Reviews should be regular and at least at every annual review or, after a maximum of 2 Rescue Pack issues.

Things to consider at review:

- Are emergency supply packs being used appropriately and is self-management still appropriate?
- Are they true exacerbations?
- Re-assess for co-morbidity, (for example malignant change) treatment adherence and inhaler technique.

- Consider pulmonary rehabilitation for those patients who may have previously declined.
- Consider bronchiectasis and check sputum for unusual organisms. (Sputum samples could be considered for symptomatic patients to exclude atypical organisms).
- Review regular medication. For patients who have had 2 or more exacerbations in 12 months consider LABA with an inhaled corticosteroid (ICS) in a combination inhaler if not already on one or LAMA in addition to LABA+ICS if having exacerbations despite taking LABA+ICS.
- Consider osteoporosis prophylaxis if the patient has taken ≥ 3 courses of oral prednisolone in 12 months.
- Consider whether a longer course of prednisolone is required (maximum of 14 days).

Supply of COPD Rescue Pack

There are many anecdotal reports that following supply of a COPD Rescue Pack, patients may later become confused as to what the medications were prescribed for and therefore take them inappropriately. It has also been reported having used their supply of rescue medications many patients later forget they need to obtain a further supply. To help support patients take these medications more effectively a “COPD Rescue Pack Information Leaflet” has been developed to accompany these prescriptions

The Patient information leaflet has been developed for both COPD rescue Packs (see Appendix 1). If appropriate, the “COPD Rescue Pack Information Leaflet” should be given to the patient by their prescriber with the prescription. This leaflet should stay together with the dispensed medications until they are required.

From 31 July 2016, the Accessible Information Standard, which requires that communication needs of all patients are met, must be implemented fully by all NHS providers. Should the information be required in a format accessible to meet the patients’ needs please call the medicines management team on 01928 593 010

We will suggest community pharmacists separately bag the rescue pack medications and consider distinctly labelling this bag as “COPD Rescue Pack”, in addition to reminding the patient to keep the information leaflet with these medications until they are required. To help community pharmacists identify rescue pack medications it would be helpful if the items were issued on a separate prescription form with obvious directions on the prescription, e.g. COPD Rescue Pack Medication - Take X tablets X times per day.

References

1. Department of Health. An Outcomes Strategy for COPD and Asthma: NHS Companion Document. May 2012 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216531/dh_134001.pdf
2. NICE. Chronic obstructive pulmonary disease: Management of chronic obstructive pulmonary disease in adults in primary and secondary care 2010 <http://www.nice.org.uk/guidance/CG101>
3. NICE. Quality Standard for Chronic Obstructive Pulmonary Disease. July 2011 <http://www.nice.org.uk/guidance/QS10/chapter/Quality-statement-7-Management-of-exacerbations>
4. Royal College of Physicians. The National COPD Audit 2008. Royal College of Physicians, London <https://www.rcplondon.ac.uk/projects/outputs/national-copd-audit-2008>
5. Pan Mersey Formulary <http://formulary.panmerseyapc.nhs.uk/chapters.asp>