

**Practice Guidance – For use in conjunction with the Mansfield and Ashfield COPD Action Plan
Management of an Exacerbation in COPD – Provision of patient held emergency supply pack (“rescue medication”)**

NICE quality statement

People who have had an exacerbation of COPD are provided with individualised written advice on early recognition of future exacerbations, management strategies (including appropriate provision of antibiotics and corticosteroids for self-treatment at home) and a named contact.

Prior to provision of a prescription for “rescue medication” the following should be considered as good practice;

- Patients with a diagnosis of COPD should be considered for rescue medication after the second exacerbation of COPD has occurred
- The patient should be provided with both face to face and individualised written advice as specified in the NICE quality standard
 - E.g. what to do if warning symptoms occur, the need to inform a clinician if they need to commence treatment with the corticosteroids and/or antibiotics
- Prescription for “rescue medication” to include antibiotic and /or prednisolone with individualised patient education explaining when prednisolone and /or antibiotics should be taken. Recommend liaison with the community pharmacist so that information is placed on the medicines label asking patient to contact practice when taken. NB. If increasing breathlessness is the only symptom patient may only need prednisolone
- A system should be in place to manage requests from patients for a prescription for “rescue medication” and each patient made of aware of this system.
- Practices should have a documented process in place for the review of rescue medications

The following read codes can be used;

Advance supply of steroid medication – XaR16

Advance supply of antibiotic medication – XaR21

Prednisolone

30mg prednisolone for 7 days (if symptoms have not resolved patient should be reviewed prior to prescribing further prednisolone)
NB. Plain prednisolone more cost effective option. Enteric coated (EC) prednisolone is **not** recommended - no evidence of benefit over plain prednisolone and higher cost.

Antibiotic choice

Drug	Dose
Doxycycline Or	200mg stat and then 100mg od
Amoxicillin	500mg tds
Or (in penicillin allergy and where Doxycycline contraindicated)	
Clarithromycin (note sensitivity to erythromycin implies sensitivity to clarithromycin)	500mg bd
If resistance factors present, or failure of first line	
Co -amoxiclav	625mg tds
Duration of treatment with antibiotics = 7 days	
Note some patients may need a longer course of medication e.g. bronchiectasis	



**Mansfield and Ashfield
Clinical Commissioning Group**