One + all | we care

Royal Cornwall Hospitals NHS Trust

Acute Exacerbation of COPD Clinical Guideline - Appendix 3. Pathway

Click here for the full AECOPD guideline

Key:

- General Notes
- GP/SWASFT
- ED/AMU/SRU/Acute GP/Amb-Care
- In-patient wards

Start

Suspected 'Chest Infection'

2/3 of new or increased

- Cough
- Breathlessness
- Sputum purulence/tenacity

Sepsis 2 out of 3 of:

T > 38.6°C or < 36 ° C

HR > 90

bpm RR >

No Features of Sepsis

Suspect pneumonia and CURB65 > 2

Non-severe pneumonia or other cause of 'chest infection'

Decide where to manage patient

Hospital

Home

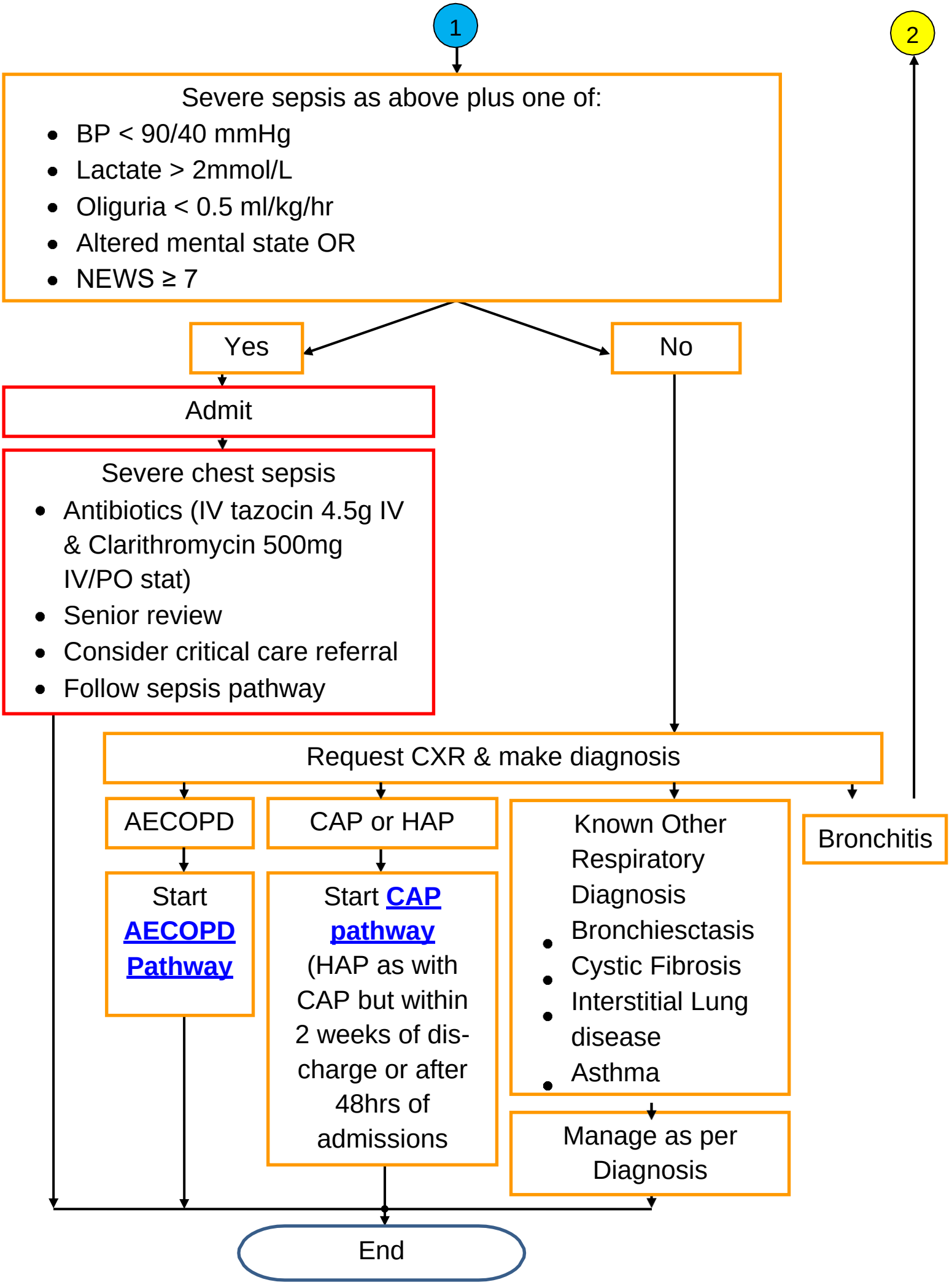
RCHT for Assessment

1

Consider Home with additional Support

Oral Antibiotics

2


1
2
Severe sepsis as above plus one of:
BP < 90/40 mmHg
Lactate > 2mmol/L
Oliguria < 0.5 ml/kg/hr
Altered mental state OR
NEWS ≥ 7
Yes
No
Admit
Severe chest sepsis
Antibiotics (IV tazocin 4.5g IV & Clarithromycin 500mg IV/PO stat)
Senior review
Consider critical care referral
Follow sepsis pathway
Request CXR & make diagnosis
AECOPD
CAP or HAP
Known Other Respiratory Diagnosis
Bronchiesctasis
Cystic Fibrosis
Interstitial Lung disease
Asthma
Bronchitis
Start AECOPD Pathway
Start CAP pathway (HAP as with CAP but within 2 weeks of dis-charge or after 48hrs of admissions
Manage as per Diagnosis
End

Factors to consider – where to treat		
	Home?	Hospital?
Able to cope at home	Yes	No
Breathlessness	Mild	Severe
General condition	Good	Poor
Level of activity	Good	Poor
Cyanosis	No	Yes
Worsening peripheral oedema	No	Yes
Level of consciousness	Normal	Impaired
Already receiving LTOT	No	Yes
Social circumstances	Good	Lives alone
Acute confusion	No	Yes
Rapid rate of onset	No	Yes
Significant comorbidity (cardiac disease & IDDM)	No	Yes
SpO2 < 90%	No	Yes