

# GOLD NUGGETS

GLOBAL INITIATIVE FOR CHRONIC  
OBSTRUCTIVE  
LUNG  
DISEASE

## ADVANCED EHEALTH FOR COPD

SPONSORED BY THE CANCER, CARDIOVASCULAR DISEASE  
AND PULMONARY DISEASE PROGRAM AT COLORADO  
DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT AND  
THE UNIVERSITY OF COLORADO HOSPITAL

FEBRUARY 2007

University of Colorado Hospital, COPD eHealth

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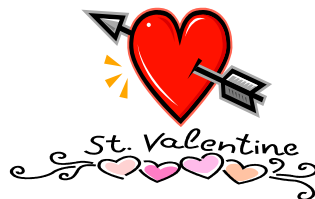
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Enrollment Deadline for the  
COPD e-Health Program - June, 2007

Only **4** months remaining!

## FROM JANUARY'S GOLD NUGGET ISSUE...

Your patient had an exacerbation, how do you follow-up? Per GOLD Standards the following is recommended:

- ➔ Follow-up assessment 4-6 weeks after discharge from hospital for COPD exacerbation
  - What is your patients ability to cope in usual environment
  - Measurement of FEV<sub>1</sub>
  - Reassessment of inhaler technique
  - Understanding of recommended treatment regimen
  - Need for long-term oxygen therapy and/or home nebulizer (for patients with very severe COPD)

## WHEN TO GIVE ANTIBIOTICS

Based on current data, antibiotics should be given to:

- ➔ Patients with exacerbations with the following cardinal symptoms
  - increased dyspnea
  - increased sputum volume
  - increased sputum purulence
- ➔ Patients with two cardinal symptoms if increased purulence of sputum is one of the symptoms
- ➔ Patients with severe exacerbations that require mechanical ventilation

The route of administration depends on the pharmacokinetics of the antibiotic and the ability of the patient to eat. Oral route is preferred, however, if the IV route has to be used it should be changed to oral when the patient is stable. Treatment should be maintained for 3 to 7 days.

Chronic Obstructive Pulmonary Disease (COPD) is a preventable and treatable disease with some significant extra pulmonary effects that may contribute to the severity in individual patients. Symptoms and objective airflow limitation should be monitored for development of complications and to determine when to modify therapy. Office visits should include discussing new or worsening symptoms. Spirometry should be completed if there is a substantial increase in symptoms or a suspected complication. An arterial blood gas (ABG) should be completed in all patients with an  $FEV_1 < 50\%$  predicted or clinical signs of respiratory failure or right heart failure. Jugular vein distention and the presence of pitting ankle edema are useful findings suggestive of right heart failure. Follow up visits should:

Continue to monitor medication regimen and other medical treatment, including:

- Dosages of medications
- Compliance with the regimen
- Inhaler technique
- Effectiveness of current regimen
- Side effects of treatment

Monitor the frequency, severity and likely causes of exacerbations:

- Increased sputum
- Increased dyspnea
- Presence of purulent sputum

Take note of increased need for bronchodilators, glucocorticosteroids and the need for antibiotics. Also note hospitalizations, including the facility, length of stay and ICU care or intubation.

Always consider the possibility of alternative diagnoses which may mimic a COPD exacerbation:

- Ischemic heart disease or congestive heart failure
- Uncontrolled anxiety
- Pulmonary embolism
- Bronchial carcinoma

*...DID YOU*

Follow up with your patients by phone or during their office visit about their smoking cessation?

They may be ready to quit *Today!*



**Next Month...**

**What is Spirometry and why we should do it...**