## COPD Referral Guideline

### High Risk

**Suggested Emergent Consultation**

**Symptoms and Exam:**
- Repeated office or ED visits and hospitalizations
- Dyspnea that limits daily activities
- Purulent sputum
- Increased work of breathing
- CAT score ≥ 10
- Exacerbations ≥ 2/ year
- ≥ 1 Hospitalization/ year
- Exacerbations are life threatening
- Impaired quality of life

**Diagnostics:**
- ABG
- CXR
- Full PFTs
- New prescription for long term oxygen therapy

### Moderate Risk

**Suggested Consultation or Co-management**

**Symptoms and Exam:**
- Repeat visits to office or ED for symptom management
- Dyspnea, recurrent or persistent wheezing
- Cough with or without purulent sputum
- Difficulty maintaining control of COPD symptoms
- CAT score ≥ 10
- Exacerbations ≥ 2/ year
- ≥ 1 Hospitalization/ year

**Diagnostics:**
- Spirometry or full PFTs
- CXR
- Pulse oximetry and/or ABG

### Low Risk

**Suggested Routine Care**

**Symptoms and Exam:**
- Easy to control COPD
- Normal exam, patient may not report shortness of breath
- CAT score < 10
- Exacerbations 0-1/ year
- 0 Hospitalization/ year

**Diagnostics:**
- Spirometry testing
- CXR
- Pulse oximetry
- Alpha-1 antitrypsin deficiency (AATD) screening

### Clinical Pearls

- Smoking cessation has the greatest capacity to influence the natural history of COPD.
- If alpha-1 antitrypsin deficiency test is positive, refer to a pulmonary specialist.
- Confirm inhaler technique with teach back and prescribe a holding chamber with all MDIs.
- Every COPD patient should have a COPD Action Plan to educate patients on the early signs of an exacerbation and when to take their inhaled medications.
- Long-acting bronchodilators are preferred over short-acting bronchodilators for controlling symptoms.
- Pulmonary rehabilitation has demonstrated improved quality of life and decreased exacerbation rates.
- Prednisone 40 mg for 5 days is the dosing recommendation to treat a COPD exacerbation.
- Oral corticosteroids (OCS) have no role in the chronic daily treatment in COPD because of the lack of benefit balanced against a high rate of systemic complications.
- GOLD recommends a CT assessment to determine the presence of bronchiectasis and emphysema in patients with recurrent exacerbations and/or hospitalizations. These patients should be referred to a specialist for co-management.

Recommendations based on the 2017 GOLD Report

**For detailed instructions on how to manage COPD based on the 2017 GOLD Report, refer to the MHACO Guide to Care document @ https://mainehealth.org/healthcare-professionals/clinical-resources-guidelines-protocols/chronic-disease-program/copd-program**

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.