

BNSSG COPD Rescue Pack

Prescriber Guidance

This is a quick reference guide. Please refer to full guidance below for more detail

STEP 1: Check criteria for issuing a COPD rescue pack are met:

- COPD diagnosis
- ≥ 2 exacerbations or ≥ 1 hospital admission in past 12 months
- Patient able to distinguish exacerbations from usual day to day COPD variation
- Patient provided with adequate education regarding medication
- Patient understands information and is adherent
- Inhaled therapy optimised and patient is adherent

STEP 2: Issue medication as an ACUTE prescription

Prednisolone 5mg tabs x 30: Take SIX tablets immediately and then take six tablets again as a single dose each morning, with food, for a total of five days

Amoxicillin 500mg caps x 15: Take ONE capsule THREE times a day, for a total of five days

OR if has penicillin allergy/sensitivity report indicates

Doxycycline 100mg caps x 6: Take TWO capsules straight away and then ONE capsule, starting the next day, for a total of five days

- Provide Patient Information leaflet found [here](#)
- Include wording 'Rescue Pack for COPD flare up' on each item
- Use SNOMED clinical code: Issue of COPD rescue pack
- Give appropriate safety net advice - patients must inform their healthcare professional when they have started using the rescue pack medication

STEP 3: When patient informs practice when rescue meds started

- Follow up could be with:
 - Respiratory specialist team directly
 - Telephone consultation with GP/practice nurse/practice pharmacist
 - F2F appointment with GP/practice nurse/practice pharmacist
- Use SNOMED clinical code: Acute exacerbation of COPD
- Issue a replacement prescription of rescue pack medication

STEP 4: Review at every issue and at least annually

- ☑ Check number of rescue packs issued in past year, if 2 or more investigate reasons for this
- ☑ Check for appropriateness of antibiotic prescribed
- ☑ Review previous sputum culture results and sensitivity report if available
- ☑ Check if additional patient education is needed
- ☑ Check compliance with current therapies
- ☑ Check smoking status
- ☑ Check immunisation status
- ☑ Check inhaler technique and optimise therapy if required
- ☑ Consider need for osteoporosis prophylaxis. Guidance can be found [here](#)
- ☑ Consider need for NHS Steroid Emergency Card. Info can be found [here](#)

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Background and Evidence

COPD is the second largest cause of emergency admissions, and one of the most expensive inpatient conditions treated by the NHS¹. COPD exacerbations can negatively impact on health status, rates of hospitalisation & readmission and disease progression².

An exacerbation is a worsening of patient symptoms beyond their usual day to day variation and may present as increased breathlessness, increased sputum production and/or change in sputum colour³.

There is evidence to suggest systemic glucocorticoids can improve lung function and shorten recovery time². NICE guidance for COPD supports the use of rescue pack medication.

Offer people a short course of oral corticosteroids and a short course of oral antibiotics to keep at home as part of their exacerbation action plan if:

- *they have had ≥ 2 exacerbations or ≥ 1 hospital admission in past 12 months*
- *they understand and are confident about when and how to take these medicines, and the associated benefits and harms*
- *they know to tell their healthcare professional when they have used the medicines, and to ask for replacements.*

Patient selection and education

Assess the patient to ensure they are willing and able to take the medication. The patient should be able to differentiate between normal day to day symptoms and when they are beginning to experience an exacerbation⁴.

Patients should be provided with verbal education on the correct use of rescue pack medication and this should be supported with written recommendations from the patient information leaflet.

COPD rescue pack medication forms part of an individualised patient '[self-management plan](#)', which have been shown to improve quality of life and reduce hospital admissions³.

All aspects of COPD management should also be considered when issuing COPD rescue pack medication. Patients should also be made aware that breathlessness associated with an exacerbation, should initially be managed by increasing the dose of their short acting bronchodilator.

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Check criteria for issue of Rescue Pack are met:

- Diagnosis of COPD
- ≥ 2 exacerbations or ≥ 1 hospital admission in past 12 months
- Patient able to distinguish exacerbations from usual day to day COPD variation
- Patient provided with adequate education regarding medication
- Patient understands information and is compliant
- Inhaled therapy optimised and patient is compliant

Patients must inform their Healthcare Professional when they have started using the rescue pack medication

Benefits of COPD Rescue Pack Medication

- Medication can be initiated promptly without waiting for an appointment with a clinician
- Perceived maximum benefits with early initiation of corticosteroid therapy³
- May help prevent a hospital admission
- Restore functionality to an individual much more quickly
- Relatively simple, cheap, and safe
- Empowers patient to take control of their condition

Risks associated with COPD Rescue Pack Medication

- Antimicrobial resistance and risk of *Clostridioides difficile*
- Non-adherence to treatment
- Incorrect use by patients
- Patient may be less likely to engage with clinicians for follow up review following an exacerbation
- Adverse effects due to overuse of medication
- Risk of osteoporosis and steroid dependence with repeated doses of oral steroid
- Prescriber is reliant on patient to self-diagnose and understand the difference between day-to-day symptoms and a true exacerbation
- Difficult to monitor long term use.

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Prescribing

Increased breathlessness associated with a COPD exacerbation should be initially managed by advising patients to increase dose/frequency of the prescribed short acting bronchodilator. In line with the local [BNSSG Antimicrobial Guide](#) first line choices of antibiotic for acute infective exacerbations of COPD are:

- Amoxicillin 500mg TDS for a total of 5 days **or**
- Doxycycline 200mg stat then 100mg OD for a total of 5 days

All COPD Rescue Pack prescriptions must be issued as ACUTE prescriptions and NOT added to repeats.

Option 1 antibiotic choice for COPD Rescue Pack: Amoxicillin

Amoxicillin 500mg capsules x 15. Take ONE capsule THREE times a day, for a total of five days. Rescue Pack for COPD flare-up.

Prednisolone 5mg tablets x 30. Take SIX tablets immediately and then take six tablets again as a single dose each morning, with food, for a total of five days. Rescue pack for COPD flare-up.

Option 2 antibiotic choice for COPD Rescue Pack: Doxycycline

Doxycycline 100mg capsules x 6. Take TWO capsules straight away and then ONE capsule, starting the next day, for a total of five days. Rescue pack for COPD flare-up.

Prednisolone 5mg tablets x 30. Take SIX tablets immediately and then take six tablets again as a single dose each morning, with food, for a total of five days. Rescue pack for COPD flare-up.

- Prescribers should also refer to NICE COPD (acute exacerbation): antimicrobial prescribing for additional guidance which highlights many exacerbations (including some severe exacerbations) are not caused by bacterial infections so will not respond to antibiotics.
- When issuing a prescription for a Rescue Pack please use code – “issue of COPD rescue pack”
- When issuing replacement medications, clarify what medication the patient has actually taken. Do not assume the patient has needed to take both oral steroids and antibiotic.

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Review

Practices should have a process in place for supply, monitoring and review of rescue pack medication.

Using the appropriate coding on issue of prescription will enable the use of COPD rescue packs to be monitored. Patients should be encouraged to complete the COPD Rescue Pack record in the back of the patient information leaflet.

Ideally, patients should be reviewed each time COPD rescue pack medication is requested. Review of COPD rescue pack medication should take place regularly and at least at every annual review. If a patient has received two or more courses of oral corticosteroids and/or oral antibiotics in the last year, investigate the possible reasons for this or refer to secondary care if appropriate.

At review, clinicians should discuss antibiotic and corticosteroid use and check the patient still understands how to use these medicines. Advise the patient to regularly check the expiry date on their rescue pack and if expired, return to a community pharmacy for safe disposal.

Things to consider at review:

- Are COPD rescue packs being used appropriately and is self-management still appropriate?
- Does patient understand how and when to use the medication?
- Is additional patient education required?
- Does the patient have written information regarding rescue pack medications?
- Previous sputum culture and sensitivity results if available
- Previous exacerbation and hospital admission history, and the risk of developing complications.
- Any recent hospital admissions? If so, explore reasons for this
- Check medication compliance and inhaler technique
- Ensure inhaled therapies are optimised
- Consider pulmonary rehabilitation for those patients who may have previously declined
- When did patient last have Chest x-ray? (consider malignancy, bronchiectasis and other conditions that can co-exist with COPD)
- Consider osteoporosis prophylaxis if the patient has taken ≥ 3 courses of oral prednisolone in previous 12 months. Guidance can be found [here](#)
- Should the NHS Steroid Emergency Card be supplied? Info can be found [here](#)
- Encourage patient to sign up to the mhealth myCOPD App (can be found on the [BNSSG COPD guideline](#) and in the COPD patient information leaflet)

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Patient Information Leaflet

A patient information leaflet has been developed for COPD rescue packs, please see BNSSG Remedy Respiratory Chapter which can be found [here](#).

The “COPD Rescue Pack Patient Information Leaflet” should be given to the patient by their prescriber with the prescription. Advise the patient that this leaflet should stay together with the dispensed medications until they are required.

References

1. National Institute for Health and Care Excellence. Clinical Knowledge Summary. Chronic obstructive pulmonary disease. Last revised August 2019 [Accessed 7/2/2023] <https://cks.nice.org.uk/chronic-obstructive-pulmonary-disease>
2. Global Initiative for Chronic Obstructive Pulmonary Disease (GOLD). 2023. [Accessed 7/2/2023] <https://goldcopd.org/2023-gold-report-2/>
3. National Institute for Health and Care Excellence. Chronic obstructive pulmonary disease in over 16s: diagnosis and management. NICE guideline (NG115) [Accessed 7/2/2023] <https://www.nice.org.uk/guidance/ng115>
4. Primary Care Respiratory Society. Primary care Respiratory Update. The appropriate use of rescue packs. Volume 5 Issue 1 SPRING 2018 [Accessed 7/2/2023] https://www.pcrs-uk.org/sites/default/files/UseofRescuePacksinCOPD_5_1_2018.pdf
5. National Institute for Health and Care Excellence. Chronic obstructive pulmonary disease (acute exacerbation): antimicrobial prescribing. NICE guideline (NG114) <https://www.nice.org.uk/guidance/ng114>
6. Warrington and Halton Integrated Care System. Publications. [Accessed 7/2/2023] <https://www.haltonwarringtonccg.nhs.uk/about-us/publications>
7. British Lung Foundation. COPD (chronic obstructive pulmonary disease). Managing COPD flare-ups [Accessed 7/2/2023] <https://www.blf.org.uk/support-for-you/copd/flare-ups>