

COPD Rescue Pack Information

A COPD rescue pack refers to a short course of steroids and antibiotics issued in advance, for a person with COPD to keep at home and use as part of their acute exacerbation plan. Rescue packs are in widespread use but it is very important that they are used correctly to prevent both steroid and antibiotic overuse.

NICE guidance supports the use of rescue packs and there is evidence that prompt therapy in exacerbations results in less lung damage, faster recovery and fewer admissions (and readmissions) to hospital. A Cochrane review in 2017 showed that the use of patient self management plans, including rescue packs, prevented hospital admissions ⁱ.

However not every person with COPD is suitable for a rescue pack, and people need to be carefully educated in how and when to use their pack as part of a total self management plan. ⁱⁱ

Consider the use of a rescue pack only in people with COPD who have already had at least one exacerbation of COPD in the last 12 months and remain at risk of exacerbations. People who do not exacerbate do not need a rescue pack, and some practices may prefer and be able to offer same day appointments to all people with COPD in an exacerbation, as an alternative way of management.

Before issuing a rescue pack check that: ⁱⁱⁱ

- The person's regular therapy is already optimised, including influenza and pneumococcal vaccination, pulmonary rehabilitation and stopping smoking as appropriate.
- They have had an exacerbation within the last year and remain at risk of exacerbations.
- The person has a personalised self-management plan and is willing and able to take the rescue medication as prescribed.
- They understand and are confident about when and how to take these medicines, and the associated benefits and harms.
- They know to tell their surgery when they have used the medicines, and to ask for replacements.

- They have been given safety net advice - tell the person that if their symptoms feel different from their usual exacerbations, they must contact the GP or respiratory nurse.

Recognising an exacerbation of COPD and when to use a Rescue Pack.

COPD symptoms naturally change from day to day and we are asking people to differentiate the start of an exacerbation from the natural ebb and flow of the condition. However a person who has had at least one exacerbation will usually recognise the start of another.

Recognising an exacerbation of COPD –people should look out for:

- An increase in breathlessness
- An increase in, or new, cough
- Increased production of sputum
- Change in colour of sputum or increased purulence
- New or increased chest tightness.

If **any one of the above symptoms occurs**, the person should increase the use of their short-acting bronchodilator therapy, rest and stay indoors, taking their other medication as usual.

If **two or more symptoms occur lasting more than 24 hours** despite an increase in short-acting bronchodilator therapy, the rescue pack should be started.

The person must seek medical help if **symptoms worsen rapidly or significantly**, if they do not start to improve in 2-3 days or if they become

Rescue Pack contents:^{iv}

A COPD Rescue Pack should contain:

Prednisolone 30mg once daily for 7-14 days (no benefit in prescribing for longer than 14 days)

An Antibiotic for use if sputum purulent or if signs of pneumonia (empirical)

Amoxicillin 500mg three times daily for 5 days *or*

Doxycycline 200mg first day then 100mg daily total 5 days course *or*

Clarithromycin 500mg twice daily for 5 days

If a Rescue Pack has been started:

When the surgery is informed that a person with COPD has started their rescue pack, the surgery should:

- Make sure the person is taking the rescue pack appropriately and try to identify any triggers for this exacerbation.
- Arrange an urgent appointment if the person is not starting to improve within 2-3 days of starting the pack.
- Record 'Acute Exacerbation of COPD' in the clinical record, using Read Code H3122.
- Arrange a COPD management review appointment with the GP or specialist nurse for when the person has recovered, to review their prevention treatment and assess any change in their condition, including the possibility of malignant change or development of bronchiectasis.
- At the review appointment, re-issue another rescue pack. Each issue of a rescue pack must be logged using Read Code 8BMW so that the practice can monitor use, and people having 2 or more issues a year should have a COPD review by the GP or specialist nurse to try and find the reason for this.

At all review appointments, discuss corticosteroid and antibiotic use with people who keep these medicines at home, to check that they still understand how to use them. 3 or more courses of oral steroids a year warrants consideration of osteoporosis prophylaxis.

A patient advice leaflet on the use of COPD rescue packs is available separately.
A downloadable patient self-management plan as used by the Wirral COPD service is available free of charge for practices to print off at
http://mm.wirral.nhs.uk/document_uploads/guidelines/COPDSelfManagementPlanFeb2015_b6998.pdf

References:

ⁱ Cochrane review self management interventions August 2017 https://www.cochrane.org/CD011682/AIRWAYS_self-management-interventions-including-action-plans-patients-chronic-obstructive-pulmonary-disease

ⁱⁱ The Appropriate Use of Rescue Packs, Primary Care Respiratory Society Spring 2018
https://www.pcrs-uk.org/sites/pcrs-uk.org/files/UseofRescuePacksinCOPD_5_1_2018.pdf

ⁱⁱⁱ NICE guidance NG115 Dec 2018 COPD in over 16s: diagnosis and management
<https://www.nice.org.uk/guidance/ng115/chapter/Recommendations#self-management>

^{iv} NICE guideline NG114 Dec 2018 COPD acute exacerbation: (antimicrobial prescribing)
<https://www.nice.org.uk/guidance/ng114/chapter/recommendations#choice-of-antibiotic>