

Chronic Obstructive Pulmonary Disease (COPD) Rescue Pack Information

What are COPD rescue medications?

Your COPD rescue medicines are a supply of standby medications to start if your COPD gets worse before you are able to see your GP.

You will have been prescribed two different COPD rescue medications:

Steroid Tablets	Prednisolone 5mg tablets x 42
Antibiotic Tablets	Amoxicillin 500mg Capsules x 15 or Doxycycline 100mg x 6

Please read this leaflet and keep it with your rescue medications.

When should I take my COPD rescue medications?

Only start your rescue pack if you are having a flare-up of your COPD.

You should have a COPD management plan explaining the steps to take in the event of a flare-up of your COPD. If you do not have a current management plan, contact your GP or COPD nurse. Please make a note of the expiry date of your medicines. Ask for another supply from your GP or nurse if you have medicines that are out of date.

The medication in this Rescue Pack should only be used for flare ups of your COPD, not for any other medical condition or by any other person.

Your COPD may be getting worse if you have any of these symptoms:

- Increased breathlessness which interferes with daily activities
- New or increased chest tightness
- Change in sputum (phlegm) quantity
- Change in sputum (phlegm) colour
- Cough – new or increased

If you have ONE of these symptoms,

- Increase your reliever (blue) inhaler medication
- Continue with your other inhalers as normal
- Rest and keep indoors (see your COPD management plan)

If you have TWO OR MORE symptoms for over 24 hours, despite using more of your reliever inhaler (blue), start your Rescue Pack as follows:

- **Start the Steroid (Prednisolone 5mg) Tablets**
Take SIX tablets immediately and then take six tablets again as a single dose each morning, with food, for seven days.

If one of the symptoms is the colour of your sputum (phlegm), especially if it is becoming green or brown:

- **Start the antibiotic capsules**
Amoxicillin 500mg capsules take ONE capsule three times a day **or** Doxycycline 100mg take TWO capsules on the first day then one capsule each morning.
Complete the full course.

What should I do if I've forgotten to take a dose?

It is important that you take the medication as prescribed.

However, if you do forget to take a dose, take it as soon as you remember and then carry on taking your next dose at its regular time. If you realize you've missed a dose but it is almost time for the next dose, do not take a double dose, skip the dose you have missed, take the next dose at its regular time and then carry on as normal with any remaining doses.

Are there any side effects?

All medications may cause side effects. With short courses such as your COPD Rescue Pack, most people don't have problems.

The patient information leaflet supplied with each medication lists the more common side effects and other precautions for each medication. Please read these leaflets. If you are concerned about any side effects please contact your COPD nurse, GP or pharmacist for further information.

What else should I do?

- If you start your Rescue Pack, you must contact your GP/Practice Nurse to inform them that you are less well and that you have started your Rescue Pack.
- If you start the antibiotics, ALWAYS finish the full course, even if you feel better before the end.
- If you don't start feeling better in 2-3 days, contact your GP surgery or Practice Nurse.

If you develop any emergency symptoms, even after starting the rescuepack, such as:

- Severe breathlessness
- Chest pain
- Inability to complete sentences
- High fever or temperature
- Symptoms coming on very quickly
- New (or worsening of existing) swelling of the legs

Contact your GP Surgery immediately

In an extreme emergency dial 999 and ask for an ambulance

If you need to go to hospital, take all your medications with you.

Once you have recovered from your COPD flare-up/lung attack, make sure you make an appointment for a review with your GP or Practice Nurse and request a replacement Rescue Pack.

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