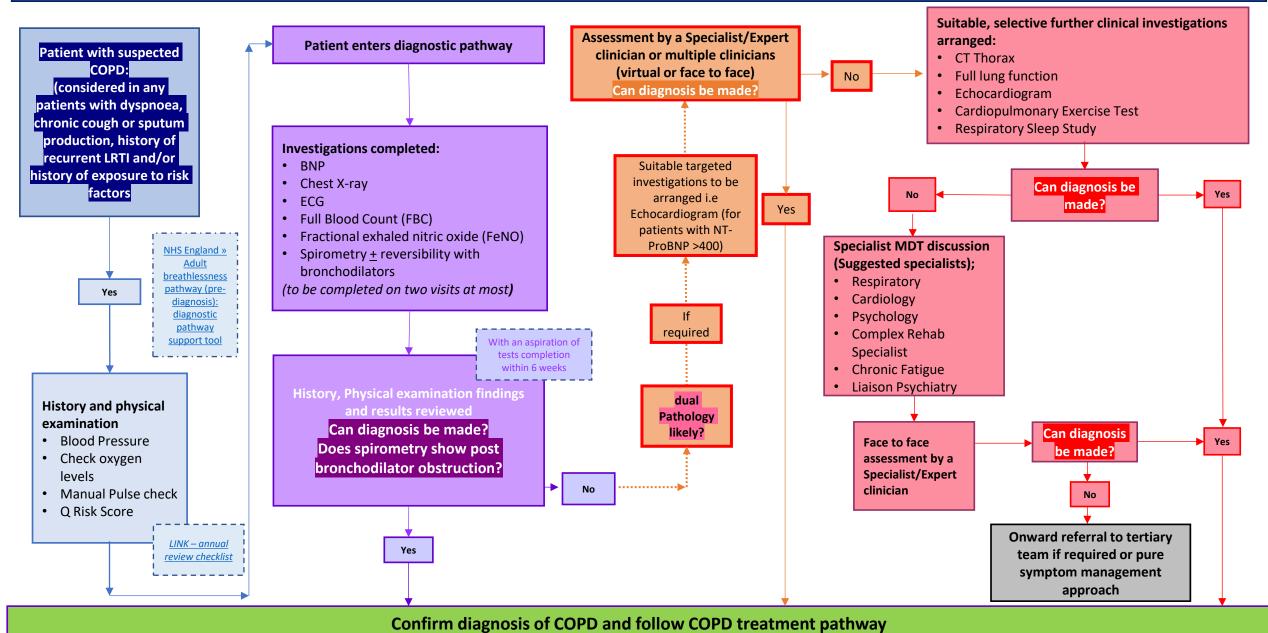
Cheshire & Merseyside Chronic Obstructive Pulmonary Disease (COPD) diagnostic pathway





Cheshire & Merseyside Chronic Obstructive Pulmonary Disease (COPD) treatment pathway **Primary/Community Services** Secondary/Specialist Care **Acute Care** Referral to local COPD specialist service No Only refer to secondary care if **ACUTE EXACERBATION OF COPD** Is the diagnosis of COPD Please refer to COPD (this may be secondary care) clinically appropriate and once the Commence rescue pack and follow SMP confirmed? diagnostic pathway following criteria have been met: **Treat and Assess** Patient is optimised Does patient need additional support? Diagnostic confirmation with phenotyping Patient is using inhalers Yes Explore additional diagnoses and investigations including CT correctly for bronchiectasis Check inhaler technique Can patient self refer/ be referred to community **OPITIMISE CONSIDER** (if applicable) Optimise treatment and address co-morbidity Patient has had vaccinations Clinically optimise/initiate admission avoidance service? Refer to smoking Work up for potential surgical options – lung volume PR completed (if appropriate) treatment in line with C&M cessation services reduction and transplantation (if appropriate) Engaged in smoking cessation **COPD Treatment Guidelines** Refer to weight Consideration of future biologics treatments (if appropriate) No Ensure correct inhaler management services Consideration for low dose prophylactic antibiotics Consider sputum samples for Referral to pulmonary technique* MC+S rehabilitation / physical Complete Self management LINK - finalised COPD APG guidance plan activity advice **Hospitalisation** · Breathing Point website Refer to Has the patient had three or Breathe Easy groups / virtual psychology/talking more antibiotics / steroids in Can patient be discharged therapies services support groups ALUK early with virtual ward last 12 months or uncontrolled Refer into local COPD service Check vaccinations are up breathlessness? support? to date (including RSV) Signpost to appropriate apps (check local virtual ward Severe COPD - refer to criteria) No palliative care if appropriate for breathlessness management or Consider referral to Complete risk Yes end of life care Is the patient community pharmacy stratification: controlled/improved/ for the 'New If high risk prioritise stable? Medicines Service' review to prevent including medications hospitalisation Post exacerbation and technique check Yes <u>review</u> Refer for past-**Annual COPD** exacerbation LINK - Breathing Review pulmonary

A Palliative Care

LINK - finalised

COPD APG

auidance

Check local pages

for information on

available support

Consider if the person is in the last 12 month of life - Proactive-Identification-Guidance.pdf

Palliative Care Register | ICARE&Share | Advance Care Planning | Preferred Place of Death | DNACPR | EPaCCS

rehabilitation

LINK - post

exacerbation

Palliative Care Guidance

Consider if the person is in the last 12 month of life

gsf prognostic indicator guidance.pdf

NHS England — North West » North West Model for Life Limiting Conditions



For Consideration



Palliative and End of Life Care Processes

- Palliative care register
- GSF coding
- Offer advance care planning discussion to put personalised care plan in place <u>NHS England — North West »</u> <u>Personalised Care Planning – Cheshire and Merseyside</u>
- Do not attempt cardiopulmonary resuscitation status
- Treatment escalation plan
- Symptom control plan (consider other co-morbidities & contributing clinical factors)
- Electronic Palliative Care Coordinating Systems (EPaCCS)
- District nurse referral for assessment of care needs
- GP clinically required visits
- Notify out of hours of care plan



Symptom control plan

NHS England — North West » Palliative Care Clinical Practice Summary for the North West Coast Clinical Network

- Optimised inhaled & nebulised therapy
- Consider low dose opioid refractory shortness of breath NICE guidance
- Consider low dose benzodiazepine refractory anxiety <u>NICE</u> <u>guidance</u>
- Just in case medication subcutaneous &/or continuous subcutaneous infusion (CSCI)

