

# Emergency Care Plans for Long Term Conditions: COPD Inhaled Therapy

Patient Details	Hospital No:		
Name: (forename/surname)	Next of Kin:		
(lorename/sumame)	Next of kin tel no:		
NHS no:			
DOB:	Name of Community Practitioner		
GP: (registered GP address)	Tel:		
	Mobile:		

### Action Plan: signs of deterioration

### Signs & Symptoms to look out for: any two or more of these may indicate an infection

- More short of breath than usual, reduced ability to walk or be generally active
- Your reliever inhaler is not as effective, or having to use it more often
- Change in colour of phlegm, darker than normal- dark yellow, green or brown
- Increased cough
- More or less phlegm than normal
- New or worse cough that doesn't bring anything up
- Runny nose, sore throat, watery eyes or fever
- New or worse wheeze and/or chest tightness

### What to do for above symptoms: Take usual medication and inhalers as prescribed

- Rest/pace activity/controlled breathing
- Check inhaler technique, use reliever inhaler with spacer
- Increase reliever to 2 puffs four times daily
- Take 2 puffs of reliever prior to activity
- Increase fluid intake and take paracetamol for fever/aches and pains
- If increased cough and breathlessness does not respond to increasing reliever, start prescribed "rescue" course of oral steroids
- If increased cough with change of colour of phlegm start prescribed "rescue course of antibiotics
- Inform your Community Practitioner or GP that you are unwell and have started your "rescue medication"

### Indications for urgent medical attention

If symptoms continue to worsen after starting treatment Unable to speak in sentences Drowsy/confused or unable to eat or drink Swollen ankles/legs Chest pain, coughing up blood



# Information for emergency services

### Allergies

Ensure any Oxygen therapy titrated to keep saturations between 88-92%

## **Respiratory Medications**

Spager

Reliever:	Spacer:
Combination Inhaler:	
Long Acting Reliever:	
Mucolytic:	
Rescue Antibiotic:	
Rescue Oral Steroid:	
If giving nebulised therapy use compressor of	or limit high flow O2 to 6 mins

## Past medical history

Normal baseline observations					
Target Oxygen saturation: 88-92%					
Blood pressure:	Heart Rate:	Respiratory Rate:			
Oxygen saturations:	MRC (dyspnoea scale):	Temperature:			

#### Professional network

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Name	Address	Phone	Relationship to patient		
		no			

Name:

Signature:

Designation:

Date: