

Guide to Care: Chronic Obstructive Pulmonary Disease (COPD)

INITIAL ASSESSMENT

Symptoms	Risk Factors	Differential Diagnosis	
Exertional dyspnea	Tobacco	Asthma	Bronchiectasis
Chronic cough	Occupational exposure	Lung cancer	Congestive heart failure
Sputum	Indoor/outdoor pollution	Mycobacterial disease	Interstitial/diffuse lung disease
	Alpha-1-Antitrypsin Deficiency (AATD)		

DIAGNOSTICS

SPIROMETRY:
 Mandatory to confirm diagnosis
 $FEV_1/FVC < 0.7$ Post bronchodilator

ALL ACTIVE SMOKERS!
 In office counseling
Refer To:
 Maine Tobacco Helpline
 for Tobacco Treatment
 Intervention

Recommended Additional Testing	Conditional Testing
CXR	Follow-up spirometry: for prognostication and other therapeutic approaches
Pulse Oximetry	Arterial Blood Gas
AATD: if positive refer to specialist	6 minute Walk Test
	CT Scan

SEVERITY CLASSIFICATION

Mild COPD – GOLD 1
 $FEV_1 \geq 80\%$ predicted
 Patient may not be aware of limited lung function

Moderate COPD – GOLD 2
 $50\% \leq FEV_1 < 80\%$ predicted
 Patient may experience shortness of breath with exertion

Severe COPD – GOLD 3
 $30\% \leq FEV_1 < 50\%$ predicted
 Dyspnea may limit daily activities
 Exacerbations may be common

Very Severe COPD – GOLD 4
 $FEV_1 < 30\%$ predicted
 Quality of life may be impaired
 Exacerbations may be life threatening

MANAGEMENT

Tobacco treatment intervention				
Self-management education:				
COPD action plan	▶	▶	▶	▶
Inhaler education with teach back	▶	▶	▶	▶
Influenza vaccination	▶	▶	▶	▶
Advance Directive	▶	▶	▶	▶
Pneumococcal vaccination:				
<65 years old PPVS23	▶	▶	▶	▶
≥65 years old PCV13 + PPVS23	▶	▶	▶	▶
Consider referral to:				
Pulmonary specialist				
Care management				
Behavioral health clinician		▶	▶	▶
Pulmonary rehabilitation		▶	▶	▶
		▶	▶	▶
		Palliative care consult		
		Goals of care conversation		
		Pulmonary specialist consult		
		Consider POLST*		
			POLST	
			Long term oxygen of resting	
			$SaO_2 < 88\%^{**}$	

* Physicians Order for Life Sustaining Treatment

**Values for pulse oximetry saturations (SpO_2) between 70-100% are within $\pm 2\%$ ¹

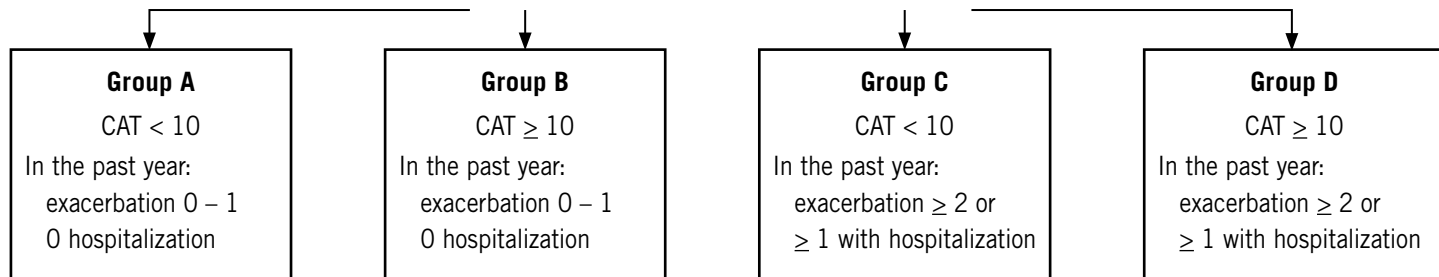
COPD ASSESSMENT TEST (CAT)©

For each item below, place a mark (✗) in the box that best describes you currently. Be sure to select only one response for each question.

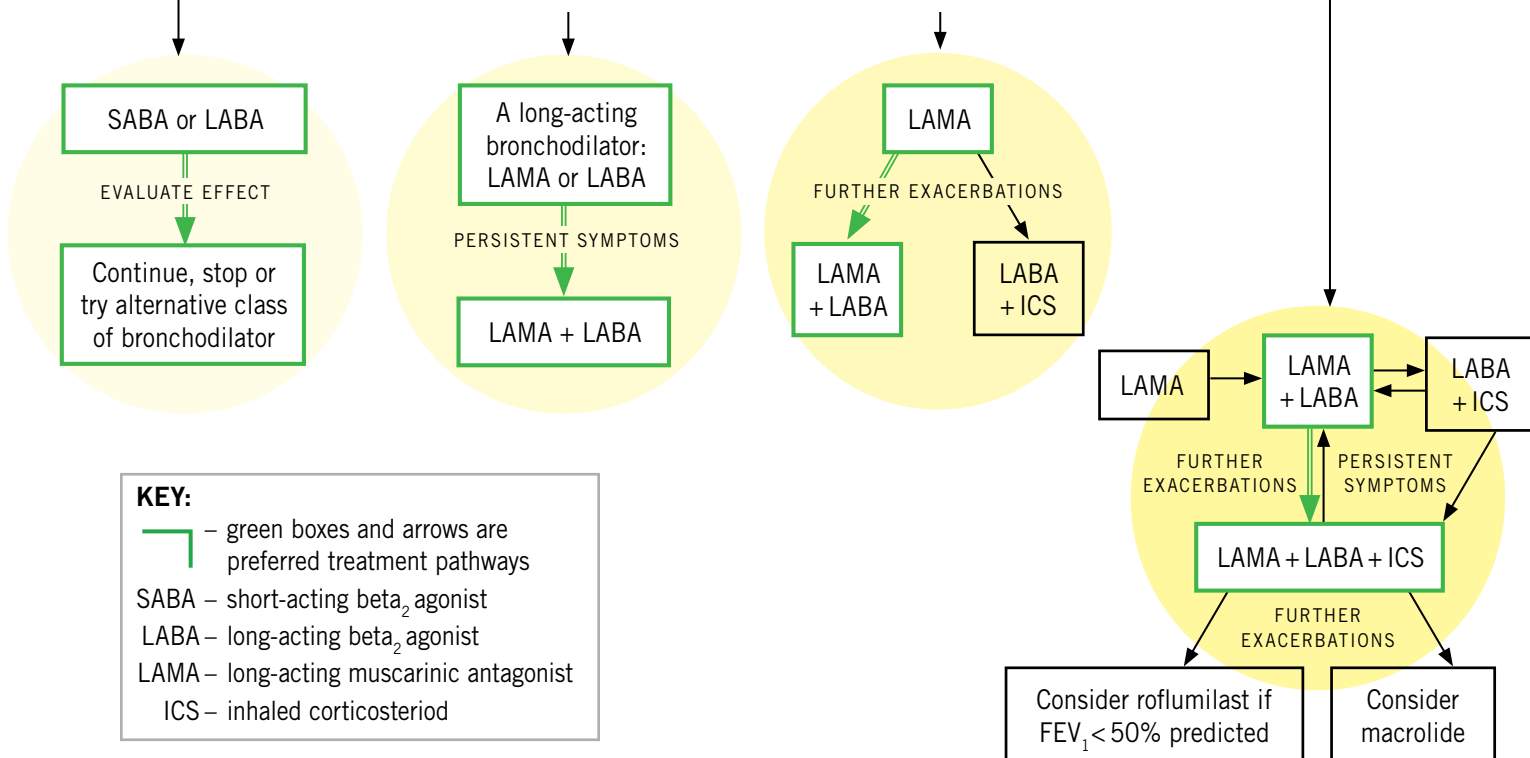
Example:	I am very happy.	0	✗	2	3	4	5	I am very sad.	SCORE
I never cough.		0	1	2	3	4	5	I cough all the time.	
I have no phlegm (mucus) in my chest.		0	1	2	3	4	5	My chest is completely full of phlegm (mucus).	
My chest does not feel tight at all.		0	1	2	3	4	5	My chest feels very tight.	
When I walk up a hill or one flight of stairs, I am not breathless.		0	1	2	3	4	5	When I walk up a hill or one flight of stairs I am very breathless.	
I am not limited doing any activities at home.		0	1	2	3	4	5	I am very limited doing activities at home.	
I am confident leaving my home despite my lung condition.		0	1	2	3	4	5	I am not at all confident leaving my home because of my lung condition.	
I sleep soundly.		0	1	2	3	4	5	I don't sleep soundly because of my lung condition.	
I have lots of energy.		0	1	2	3	4	5	I have no energy at all.	
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TOTAL SCORE									

Use the CAT score, and exacerbation history to determine the A–D classification for the pharmacologic treatment algorithm.

GROUP CLASSIFICATION



PHARMACOLOGICAL TREATMENT ALGORITHM



GOLD recommends escalation or de-escalation of therapy using the Group Classification A-D tool (CAT and exacerbation history in the past year) for initial therapy, persistent symptoms and the resolution of some symptoms. Classification and pharmacological treatment should be reassessed at each COPD visit.

For more information contact MaineHealth Chronic Disease at chronicdiseaseadmin@mainehealth.org