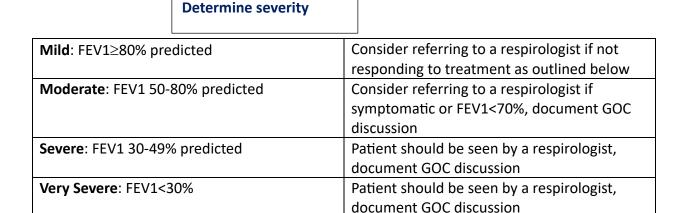
When to suspect COPD: **Recurrent wheeze**

- Chronic and progressive dyspnea
- Chronic cough
- Recurrent respiratory infections
- Risk factors including exposure to tobacco smoke

Diagnosis requires spirometry demonstrating post-bronchodilator FEV1/ FVC ratio <0.7 (or LLN). Spirometry in Kingston Yes Is the airflow obstruction reversible with bronchodilators (FEV1 improves by ≥200ml AND ≥12%) No

COPD is confirmed

Diagnosis is more likely to be asthma



Assessing symptoms – Consider: COPD Assessment Test (CAT) MRC grade

Refer your patient:

Pulmonary Function Laboratory at KHSC - HDH site

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Initiating treatment for COPD

Preventative measures

For all COPD patients

Vaccinations: Pneumococcal vaccine, yearly influenza vaccine, yearly covid vaccine, Herpes Zoster vaccine Smoking cessation: Counselling, nicotine replacement (STOP program), Bupropion, Varenicline (Resources) Advanced care planning: Discuss and document goals of care and wishes in the event of an exacerbation COPD action plan:

- For increased dyspnea, cough: prednisone 40mg po daily x 5 days and
- If fever or green/brown sputum: **add antibiotics** ex: Amox-Clav 875mg BiD x 5-7 days, Levofloxacin 750mg po daily x 5-7 days; Moxifloxacin 400mg po daily x 5-7 days.
- COPD action plan template

Pharmacological treatment for COPD

Stable COPD management

V 1.6

If FEV1 \geq 80% predicted, few symptoms and no previous AECOPD:

Prescribe either LABA (formoterol, salmeterol, indicaterol) or LAMA (tiopropium, aclidinium, umeclidinium, glycopyrrolate).

If FEV1 <80% predicted and stable COPD without exacerbations but patient has significant symptom burden: Prescribe both LABA AND LAMA or a combination product with both ingredients.

If FEV1 <80% predicted and stable COPD without exacerbations but patient has significant symptom burden despite taking LAMA & LABA:

Add inhaled steroid by switching to a LAMA/LABA/ICS combination puffer. In addition to triple inhaled therapy consider referring to pulmonary rehabilitation, which can improve symptoms considerably.

If FEV1 < 80% and the patient is taking LAMA/LABA/ICS and has had either **2 AECOPD** within the last year or **1 AECOPD that sent them to the ER or to hospital** admission: **Add azithromycin 250mg OD** (consider risk of hearing impairment and QT prolongation with arrythmias).

Inhaler examples

LABA examples: Salmeterol Diskus 50mcg 1 puff BiD (LU 391) or Olodaterol 2.5mcg/puff 2 puffs OD or Oxeze Turbuhaler 6mcg inhaled Bid or 12 mcg inhaled BiD or Foradil 12 mcg inhaled BiD.

LAMA examples: Spiriva Respimat 2.5 mcg/puff 2 puffs OD *or* Aclidinium 400mcg BiD or umeclidinium 62.5 mcg 1 puff OD

Combination LAMA & LABA examples:

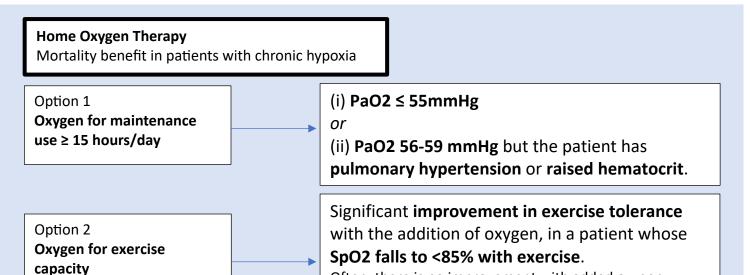
Aclidinium 400mcg & Formoterol 12 mcg 1 puff BiD (LU 459) *or* Olodaterol 2.5 mcg & tiotropium 2.5 mcg 2 puff once daily or umeclidinium 62.5 mcg & vilanterol 25 mcg 1 puff OD (LU 459).

Combination LABA/LAMA/ICS examples:

Trelegy Ellipta (fluticasone 100mcg/umeclidinium 62.5 mcg/vilanterol 25 mcg) 1 puff OD (LU 567) or Breztri Aerosphere (budesonide 160mcg/glycopyrrolate 9mcg/formoterol 4.8 mcg) 2 puffs BiD (LU 638).

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Advanced therapies



Pulmonary Rehabilitation

Vendors

Patients with **FEV1 < 80%** who are **symptomatic despite inhaler treatment** should be referred to pulmonary rehabilitation.

Teaches breathing techniques, nutrition, self-management, behavioral interventions, psychological support and improves exercise capacity.

Find local programs here

Recent hospitalization for AECOPD?

The patient should be seen in person by PCP within 7 days of discharge

Referral to pulmonary rehabilitation should be considered

Often, there is no improvement with added oxygen

not to low oxygen saturation.

because dyspnea relates to the respiratory mechanics and

If referred, pulmonary rehabilitation should commence within one month of hospital discharge.

Palliative approaches to care for patients with COPD

It is important to have and document a detailed GOC discussion w/ the patient, including:

- patient wishes in the event of deterioration in respiratory status medical management + symptom relief vs. symptom relief only
- consideration of hospitalization vs. management in the community
- patient wishes for resuscitative measures including non-invasive ventilation, intubation and ventilation, and CPR (in the event of cardiorespiratory arrest)

Consider low dose oral opioids for refractory dyspnea – e.g. kadian 10 mg PO daily, or morphine 2.5 mg TID-QID

Resources

Spirometry sites in Kingston and surrounding area

Click on the link to find information and referral form

- Pulmonary Function Laboratory at KHSC HDH site
- Kingston Respiratory Services
- <u>Lennox and Addington County General Hospital</u> (Outpatient Services)
- KCHC Regional Lung Health Program

Spirometry is also offered by the COPD Nurse Navigator.

Fax: 613 548 2565

Home oxygen vendors

- InspiAIR
- <u>VitalAire</u>
- ProResp
- Linde
- Kingston Oxygen Home Healthcare Centre

Pulmonary Rehabilitation

The FLA OHT is funding spots in 2025-2026 for virtual respiratory rehabilitation through Evolve Wellness Studio (referral form attached).

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Chronic Obstructive Pulmonary Disease (COPD) Integrated Care Pathway Referral

Please fax referral to: (613) 548-2565			
Patient's Name:	Date of Birth (yyyy/mm/dd):		
Address:	Postal Code:		
Phone: Refer	ring Provider:		
eferring Provider Phone: Primary Care Provider:			
Eligibility: Pulmonary function test consistent with COPD, demonstrated bronchodilator OR radiographic evidence of emphysion poor symptom control despite optimal therapy, or □ one or more exacerbations requiring prednisone or □ one or more emergency department visits or how the control of	sema on CT, AND : e and antibiotics in the past 12 months,		
□ medication	edical history		
Patients will be seen by a COPD Educator and may	also be assessed by a Respirologist if required.		
 Self-management education Pathophysiology of COPD Role of medications, prescribed dosing, adhered Device technique Trigger avoidance and reduction Identification of exacerbations Use of a COPD Action Plan Smoking / cannabis / vaping cessation Breathing and pacing techniques 	 Medication optimization and diagnostics as required COPD Action Plan development Referrals to smoking cessation, exercise therapy, others as needed 		
Contact information for COPD Nurse Naviga	tor:		
Fax: (613) 548-2565			
Signature:	Date (vvvv/mm/dd):		

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KEEP BREATHING EVOLVE with us

Referred	by:_	 Date:	

intro to KEED BREATHING

HELI DHEHIMO
Name: DOB: Phone #:
Email: Address: Respiratory Diagnosis:
FEV1: Supplement O2: Y/N
O2 Titration Order:
letes

Exercise is our Medicine

iKB