

Chronic Obstructive Pulmonary Disease (COPD) Rescue Pack Guidance for Shropshire, Telford and Wrekin Clinical Commissioning Groups

A COPD rescue pack refers to a short course of steroids and antibiotics issued in advance, for a person with COPD to keep at home and use as part of their exacerbation plan. An exacerbation is a sustained worsening of a person's symptoms from their usual stable state which is beyond normal day-to-day variations, and is acute in onset. Commonly reported symptoms are worsening breathlessness, cough, increased sputum production and change in sputum colour. The change in these symptoms often necessitates a treatment intervention.¹

NICE guidance supports the use of rescue packs for some people at risk of exacerbations as part of their individualised exacerbation action plan along with monitoring and education to ensure the medicines are used appropriately.

Continued monitoring of the use of rescue packs is important to avoid the potential overuse of antibiotics and systemic corticosteroids.¹

Overuse of corticosteroids is linked with adrenal suppression, osteoporotic fractures, diabetes, pneumonia, psychosis, thinning skin and cataracts and overuse of antibiotics (or not completing the full course) risks antimicrobial resistance both in the individual patient and in society.²

Practices should have a process in place for supply, monitoring and review of rescue packs. They should not be available as repeat medication. The issue of a rescue pack should be recorded using read code 8BMW to enable regular monitoring. Practices should ensure systems are in place to identify rescue pack requests before they are reissued.

Not every person with COPD is suitable for a rescue pack, and people need to be carefully educated on how and when to use their pack as part of a total self-management plan.²

Who should be offered a Rescue Pack?¹

Offer a person with COPD a short course of oral corticosteroids and a short course of oral antibiotics to keep at home as part of their exacerbation action plan if:

- They have had an exacerbation within the last year, and remain at risk of exacerbations
- They understand and are confident about when and how to take these medicines, and the associated benefits and harms
- They know to tell their healthcare professional when they have used the medicines, and how to ask for replacements.

(A request for a rescue pack may be made on a hospital discharge summary if the patient has been discharged following an exacerbation. In these circumstances, please also refer to the remaining sections of this document for further guidance).

Before issuing a Rescue Pack, check that:²

- All the high value interventions for COPD have been employed to reduce the risk and consequences of exacerbations including smoking cessation, influenza vaccination, pneumococcal vaccination, pulmonary rehabilitation and optimisation of the person's regular therapy along with inhaler technique.
- The person is able to recognise the start of an exacerbation
- The person has an individualised exacerbation action plan (as part of their self-management plan) and is willing and able to take the medication as prescribed and has been educated about the risks and benefits of treatment and of overusing the medication
- The person has been advised that if their symptoms feel different from their usual exacerbation, then taking the rescue pack may not be the right thing to do and they must also call for help from their community respiratory team or GP before starting their rescue pack
- The person knows to tell their healthcare professional when they have used the medicines, and to ask for replacements.

When to use a Rescue Pack?¹

People with COPD should be encouraged to respond promptly to exacerbation symptoms by following their action plan, which may include:

- Increasing frequency of their short-acting bronchodilator therapy if symptoms are predominantly wheeze/breathlessness (adding spacer if necessary)
- Taking a short course of oral corticosteroids if there is **significant** increased breathlessness that interferes with daily activities
- Adding oral antibiotics if their **sputum changes colour and increases in volume or thickness beyond their normal day-to-day variation.**

Contents of a Rescue Pack:¹

A short course of oral corticosteroids

Prednisolone 5mg tablets - 30mg (six tablets) once daily for 5 days (**to be taken if there is significant increased breathlessness that interferes with daily activities**)

A course of antibiotics (to be added in if **sputum changes colour and increases in volume or thickness beyond normal day-to-day variation**)

Amoxicillin 500mg capsules - one capsule three times a day for 5 days or if true penicillin allergy,
Doxycycline 100mg capsules – 200mg on first day then 100mg daily for next 4 days (5-day course in total)

If a Rescue Pack has been started:^{1, 2, 3}

When the surgery is informed that a person with COPD has started their rescue pack:

- Ensure the person has access to an urgent appointment if symptoms worsen rapidly or significantly, symptoms do not start to improve within an agreed time (e.g. 2-3 days) or they become systemically very unwell
- Record 'Acute Exacerbation of COPD' in the clinical record, using Read Code H3122
- Arrange a COPD review when the person is clinically stable (e.g. 6 weeks after onset of exacerbation):
 - Review treatment including adherence and inhaler technique to reduce the risk of further exacerbations
 - Assess and manage any change in condition (including co-morbidities and possibility of malignancy)
 - Consider referral or re-referral to pulmonary rehabilitation
 - Review self-management plan and exacerbation action plan to ensure appropriate use of the rescue pack (e.g. use of oral corticosteroids and antibiotics in response to symptoms)
 - Ensure the person understands the risks and benefits of using the rescue pack including overuse of medication (e.g. side-effects in relation to overuse of steroids and antimicrobial resistance associated with inappropriate antibiotic use)
 - Consider osteoporosis prophylaxis for people requiring frequent courses of oral corticosteroids (3–4 courses per year)
 - Re-issue another rescue pack (if still appropriate) and record this using Read Code 8BMW so that the practice can monitor use
 - For people who have used 3 or more courses of oral corticosteroids and/or oral antibiotics in the last year, investigate the possible reasons for this.
 - Consider referral to the community respiratory service if further support or education is required or if frequent exacerbations are experienced.

References:

1. [NICE guideline \[NG115\]](#): Chronic obstructive pulmonary disease in over 16s: diagnosis and management. Published: December 2018, last updated: July 2019.
2. [The Appropriate Use of Rescue Packs, Primary Care Respiratory Society Spring 2018](#)
3. [NICE CKS](#): Chronic Obstructive Pulmonary Disease. Last revised August 2019.