

# EXACERBATION OF COPD

MODULE: ACUTE CARE

TARGET: FY1 & FY2 TRAINEES AND FINAL YEAR MEDICAL STUDENTS

**BACKGROUND:**

It is estimated that 3 million people in the UK have COPD, most of whom have stable disease that is managed in the community. Patients may present to hospital with exacerbations characterised by an increased severity of symptoms over and above their usual fluctuations. FY trainees should be able to make the clinical diagnosis of an exacerbation of COPD, investigate and treat appropriately. FY2 trainees should be able to work within and lead a team to safely assess and treat patients in a timely manner, including those who have already deteriorated.

**RELEVANT AREAS OF THE FOUNDATION PROGRAMME CURRICULUM**

<p><b>1</b> Professionalism</p>	<p><b>1.4 Team Working:</b></p> <ul style="list-style-type: none"> <li>• Demonstrates clear and effective communication within the team</li> </ul> <p><b>1.5 Leadership:</b></p> <ul style="list-style-type: none"> <li>• FY2 demonstrates extended leadership role by making decisions and dealing with complex situations across a greater range of clinical and non-clinical situations</li> </ul>
<p><b>7</b> Good clinical care</p>	<p><b>7.5 Safe prescribing</b></p> <ul style="list-style-type: none"> <li>• Prescribes drugs and treatments appropriately, clearly and unambiguously in accordance with Good Practice in Prescribing Medicines (GMC, 2008)</li> <li>• Uses the BNF plus pharmacy and computer-based prescribing-decision support to access information about drug treatments, including drug interactions</li> <li>• Performs dosage calculations correctly and verifies that the dose is of the right order</li> <li>• Chooses appropriate intravenous fluids as vehicles for intravenous drugs and calculates the correct volume and flow rate</li> <li>• Prescribes oxygen appropriately including to patients with the risk of carbon dioxide retention</li> <li>• Relates prescribing activity to available prescribing guidelines / audit data eg antibiotic usage</li> </ul> <p><b>7.7 Infection control and hygiene</b></p> <ul style="list-style-type: none"> <li>• Demonstrates correct techniques for hand hygiene with hand gel and with soap and water</li> <li>• Takes appropriate microbiological specimens in an timely fashion</li> <li>• Follows local guidelines / protocols for antibiotic prescribing</li> </ul> <p><b>7.9 Interface with different specialties and with other professionals</b></p> <ul style="list-style-type: none"> <li>• Understands the importance of effective communication with colleagues in other disciplines</li> </ul>

<p><b>8 Recognition and management of the acutely ill patient</b></p>	<p><b>8.1 Promptly assesses the acutely ill, collapsed or unconscious patient</b></p> <ul style="list-style-type: none"> <li>• Uses Airway, Breathing, Circulation, Disability, Exposure (ABCDE) approach to assessing the acutely unwell or collapsed patients</li> <li>• Uses the GCS or Alert, Voice, Pain, Unresponsive (AVPU) to quantify conscious level</li> <li>• Investigates and analyses abnormal physiological results in the context of the clinical scenario to elicit and treat cause</li> <li>• Uses monitoring (including blood glucose) to inform the clinical assessment</li> <li>• Asks patients and staff appropriate questions to prioritise care</li> <li>• Seeks senior help with the further management of acutely unwell patients both promptly and appropriately</li> <li>• Summarises and communicates findings to colleagues succinctly</li> <li>• Appropriately communicates with relatives/friends and offers support</li> </ul> <p><b>8.2 Responds to acutely abnormal physiology</b></p> <ul style="list-style-type: none"> <li>• Formulates treatment plan in response to acutely abnormal physiology taking into account other co-morbidities and long-term conditions</li> <li>• Administers and prescribes oxygen, fluids and antimicrobials as appropriate (see Good Clinical Care: Safe Prescribing and Infection Control)</li> <li>• Recognises when arterial blood gas sampling is indicated, identifies abnormal results, interprets results correctly and seeks senior advice</li> <li>• Plans appropriate action to try to prevent deterioration in vital signs</li> <li>• Reassesses ill patients appropriately after starting treatment</li> <li>• Recognises the indicators for intensive care unit review when physiology abnormal</li> </ul> <p><b>8.3 Manages patients with impaired consciousness, including seizures</b></p> <ul style="list-style-type: none"> <li>• Assesses conscious level (GCS or AVPU)</li> <li>• Treats ongoing seizures</li> <li>• Recognises causes of impaired consciousness and seizures and seeks to correct them</li> <li>• Recognises the potential for airway and respiratory compromise in the unconscious patient (including indications for intubation)</li> <li>• Understands the importance of supportive management in impaired consciousness</li> <li>• Seeks senior help for patients with impaired consciousness in an appropriate and timely way</li> </ul>
<p><b>11 Investigations</b></p>	<p><b>11.1 Investigations</b></p> <ul style="list-style-type: none"> <li>• Requests investigations appropriate for patients' needs in accordance with local and national guidance to optimise the use of resources</li> <li>• Seeks out, records and relays results in a timely manner</li> <li>• Plans/organises appropriate further investigations to aid diagnosis and/or inform the management plan</li> <li>• Provides concise, accurate and relevant information and understands the diagnostic question when requesting investigations</li> <li>• Understands what common tests (Table 1) and procedures entail, the diagnostic limitations and contraindications, in order to ensure correct and relevant referrals/requests</li> <li>• Interprets the results correctly within the context of the particular patient/presentation e.g. plain radiography in a common acute condition</li> <li>• Prioritises importance of investigation results</li> </ul>

## INFORMATION FOR FACULTY

### LEARNING OBJECTIVES:

- ABCDE assessment and initial management of deteriorating patient
- Clinical diagnosis of exacerbation of COPD, appropriate investigations and use of local treatment protocols (including ABG interpretation, indications for oxygen therapy and NIV)
- Appropriate call for help and concise transfer of information

### SCENE INFORMATION:

- Location: Emergency Department
- Expected duration of scenario: 15 mins (a), 10 mins (b)
- Expected duration of debriefing: 20-30 mins (a), 15-20mins (b)

The scenario takes place in the emergency department. The patient has a history of COPD and ischaemic heart disease, and presents with worsening shortness of breath due to an exacerbation of COPD.

### EQUIPMENT & CONSUMABLES

- Mannequin: On ED trolley, IV Access
- Stocked airway trolley  
(Specifically: Airway adjuncts (OPA, NPA))
- O2 and selection of masks incl. NRB
- Monitoring equipment (SpO2, ECG, NIBP)
- Syringes, flushes, IV fluid and giving sets
- Simulated drugs (Antibiotics as per local guidelines)
- Blood bottles, culture bottles, request forms
- Observation chart, medical note paper, drug chart
- NIV mask and machine (optional)

### PERSONS REQUIRED

- FY Trainee to lead scenario
- Ward nurse as assistant
- Medical Registrar (If requested)
- ITU Registrar (If requested)

### PARTICIPANT BRIEFING: (TO BE READ ALOUD TO PARTICIPANT)

1. Scene-setting: Recognition and initial management of the acutely unwell patient are essential skills to develop during FY training. Today we would like one of you to assess a patient in the emergency department. Please assess the patient methodically and treat the problems and symptoms that you find.
2. Assistance: An assistant will be present as the scenario begins (faculty will tell you who this is and what experience they have). If other (appropriate) help is needed at any stage, ask for it (the faculty will let you know how to request it).
3. The scenario will run until a natural conclusion, after which we will regroup to discuss the scenario and any related subjects that the group raises. This is not a test of the person who participates in the scenario and they will not be judged in any way on their performance.
4. We may then move back to the manikin again for the next steps in the management of the patient, followed by a further discussion of any matters that arise.

**'VOICE OF MANIKIN' BRIEFING:**

Your name is John (Joanne) Emory. You are 70 years old. You have a history of angina for which you take a GTN spray and had a heart attack 5 years ago. You have COPD for which you take nebulisers, theophylline and home oxygen at night. You quit smoking 10 years ago. You have no other medical history and no allergies.

Your breathing has been getting more difficult since this morning. You are now very short of breath and speak in short sentences. If prompted by the faculty, you will deteriorate and become exhausted.

**IN SCENARIO BRIEFING:****Ward nurse:**

You are looking after Mr John (Miss Joanne) Williams, a 70 year old patient with COPD and ischaemic heart disease who has presented with shortness of breath. The observations and drug chart are available.

You have called the FY doctor to review the patient because you are worried about their breathing. It seems to be getting more rapid and laboured. Please assist the FY doctor who comes to assess the patient.

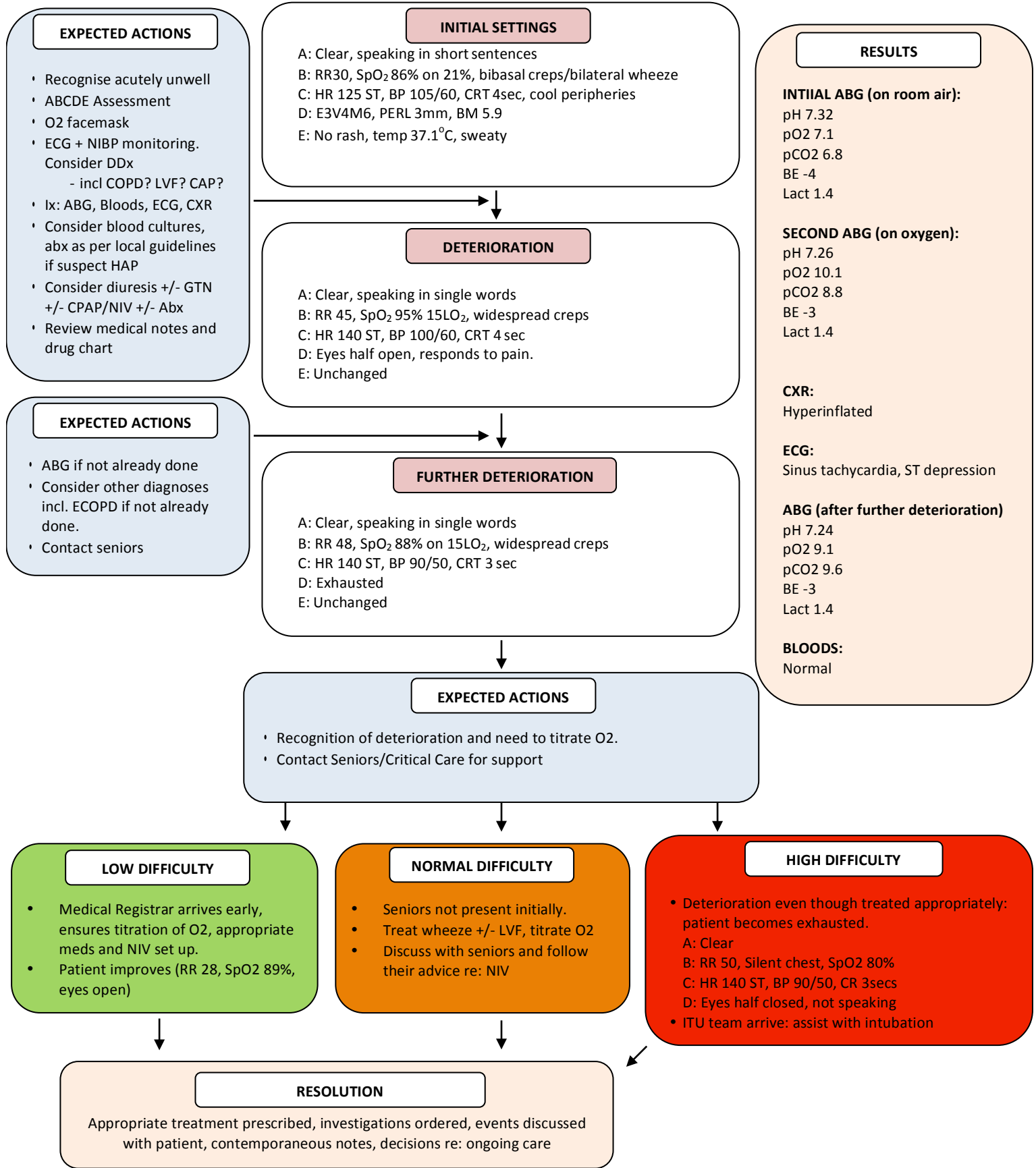
**ADDITIONAL INFORMATION:**

The main focus of this scenario is recognition of an exacerbation of COPD, with timely investigation and treatment.

If the participant doesn't recognise this and commence appropriate treatment, then the patient should deteriorate, however, this may make the scenario too complex for some participants to manage. Instead, the medical registrar may arrive to continue care, or the faculty could choose to pause for a discussion and then continue with another participant managing the further deterioration.

If the participant is doing really well and faculty wish to expand the clinical challenge, then the patient could deteriorate before the senior medical staff arrive. The participant should then continue the relevant ward-based treatments and contact the critical care team for support.

CONDUCT OF SCENARIO



## DEBRIEFING

### POINTS FOR FURTHER DISCUSSION:

- Recognition of exacerbation of COPD
- Prompt, appropriate administration of oxygen and antibiotics
- Role of CPAP/NIV and familiarity with BTS/NICE guidelines
- Recognition of severity of illness and appropriate call for senior assistance

### DEBRIEFING RESOURCES

1 British Thoracic Society guidelines for NIV available at:

<http://www.brit-thoracic.org.uk/Portals/0/Clinical%20Information/NIV/Guidelines/NIV.pdf>

2. NICE guideline for COPD available at:

<http://www.nice.org.uk/nicemedia/live/13029/49397/49397.pdf>

**INFORMATION FOR PARTICIPANTS**

**KEY POINTS:**

- Initial assessment of patient with of exacerbation of COPD
- Recognise signs of deterioration and involve seniors early
- Continue to treat in a supportive manner while waiting for senior help
- Role of CPAP/NIV

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**PARTICIPANT REFLECTION:**

What have you learnt from this experience? (Please try to list 3 things)

How will your practice now change?

What other actions will you now take to meet any identified learning needs?

**PARTICIPANT FEEDBACK**

Date of training session:.....

Profession and grade:.....

What role(s) did you play in the scenario? (Please tick)

Primary/Initial Participant	
Secondary Participant (e.g. 'Call for Help' responder)	
Other health care professional (e.g. nurse/ODP)	
Other role (please specify):	
Observer	

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
I found this scenario useful					
I understand more about the scenario subject					
I have more confidence to deal with this scenario					
The material covered was relevant to me					

Please write down one thing you have learned today, and that you will use in your clinical practice.

How could this scenario be improved for future participants?  
 (This is especially important if you have ticked anything in the disagree/strongly disagree box)



**FACULTY DEBRIEF – TO BE COMPLETED BY FACULTY TEAM**

What went particularly well during this scenario?

What did not go well, or as well as planned?

Why didn't it go well?

How could the scenario be improved for future participants?