

## COPD

### RFQs

- How has your weight been?
- What colour is your phlegm? Any blood?
- How is your breathing? How is it affecting you? Is there any pain in your chest?
- Are you smoking again? Would you like help to quit?

### Provide

You have a condition called COPD. Chronic obstructive pulmonary disease. It is usually caused by smoking and it will be made worse by continuing to smoke. Are you happy to consider stopping at this time? (Please make an appointment on your way out, to see my smoking nurse. What about vaping? It's much safer than smoking.)

COPD is where the small airways are damaged, usually by smoke, and it makes you prone to getting wheezy and unwell with mucky phlegm, particularly when you get colds. Shall I treat you with a course of steroid tablets and antibiotics for now? We should do a special blowing test called a spirometry test in 6 weeks time. We should probably also arrange a chest X-ray. How does that sound?

Your blowing test (spirometry) confirms that you have COPD. (Although your blowing test doesn't yet confirm COPD, for sure, we should repeat the test every year, and consider treating you in the same way that we treat people with COPD. Does that sound sensible? (Code for suspected COPD.) Since you have been getting episodes of mucky phlegm and wheeze fairly often, would you like me to give you a course of standby steroids and standby antibiotics?

Please take the antibiotics when you are having night sweats or a fever or have coloured phlegm. Use the steroids if you are wheezy or breathless. We'll give you a self management plan for your COPD if that's OK? It will remind you what to do when you are poorly and how to protect your lungs.

Please make sure that you get your flu jab every year and a once off pneumonia jab. The flu jabs come out in late September. Please put it in your diary. Flu is a killer, especially if you have an underlying health condition.

I'd like you to make an appointment, on your way out, to see my COPD nurse. She'll decide with you if inhalers might help you and make sure that you understand the information on your self management plan. If inhalers for your symptoms aren't helping, please let her know and she may stop them.

A small proportion of people with COPD (10%) will feel better for taking capsules to make their sputum less sticky (carbocisteine). You may like to give them a go. They can make your stool loose too. If you find them helpful, and you don't have too many side effects, please let me know and we can put them on your regular prescription.

Since we are both concerned about how often you are using steroids and the effect they may be having on your bones, would you be happy to try using a shorter course of steroids when you get wheezy? Perhaps 5 days or even 3?

### Safety net:

Let's see you urgently if you are unwell with your chest. If you are coughing up more phlegm than usual, or if you have a fever, then you may wish to have a standby course of antibiotics to hand (eg doxycycline or amoxicillin) to take in advance of seeing the GP. The GP will need to check your chest and to give you more standby medications. If you are more

wheezy than usual, you may choose to take a course of prednisone tablets (30mg after breakfast for 5 to 7 days), before seeing the GP or chest nurse.

Please don't ignore blood in your sputum or weight loss. Being an (ex) smoker you do still have a risk of lung cancer. (Although obviously that risk is much lower than it would have been if you'd have carried on smoking.)

(For patients with severe COPD: Clearly, if you are so breathless that you can't talk, you are going to need immediate assessment. That is very unlikely to ever happen. But it ever did: call 999.)