



The 'COPD-PET': A Preventing Exacerbations Toolkit for COPD

The 'COPD-PET' Review Checklist

Aims

Use this checklist in conjunction with the [TARGET 'How to.?' booklet](#) for chronic obstructive pulmonary disorder (COPD).

In this in-depth review you will be providing your patient with additional tools to manage their COPD by focusing on preventing exacerbations and minimising the need for antibiotic use.

1	Has the patient previously had diagnostic spirometry that confirms COPD diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please refer them for spirometry or request practice nurse or doctor to do so.	<input type="checkbox"/> Done
2	Explore your patient's own account of the impact of the condition on their life, ask about activities of daily living, occupation, social history.	<input type="checkbox"/> Done
3	Establish baseline of severity of symptoms using Modified Medical Research Council dyspnoea scale by choosing a grade from the MRC Scale site . MRC Scale Result today is _____	<input type="checkbox"/> Done
4	Explore your patient's understanding of COPD diagnosis then explore this online Living with COPD booklet – Asthma + Lung UK to consolidate this information further.	<input type="checkbox"/> Done
5	Ask your patient what they think they can do themselves to manage their condition better. Refer to the COPD self-management plan – Asthma + Lung UK to inform this further.	<input type="checkbox"/> Done
6	Does your patient know what to do and where to go in case of a flare-up? <input type="checkbox"/> Yes <input type="checkbox"/> No Refer to the resource: Managing COPD flare-ups Asthma + Lung UK to discuss this in detail together.	<input type="checkbox"/> Done
7	Discuss antibiotic usage: <ul style="list-style-type: none">○ Ask your patient to think back to their COPD flare-ups over the last year and how many times they were prescribed a course of antibiotics	<input type="checkbox"/> Done

	<ul style="list-style-type: none"> ○ Ask if they have a rescue pack and check if it includes oral antibiotics and steroids for 5-day course length ○ Ask how they self-manage exacerbations, including how they use steroids or antibiotics in their rescue pack ○ Consider the need for a steroid card ○ Establish whether they are prescribed prophylactic antibiotics (often azithromycin) for COPD and if so, confirm they are a non-smoker or ex-smoker (due to the lack of effect in smokers [NICE guideline: NG115]). 	
8	<p>Explain that there are both benefits and risks associated with antibiotic exposure:</p> <ul style="list-style-type: none"> ○ Just 1 out of 14 patients with a mild to moderate exacerbation treated with an antibiotic at home is expected to benefit from that antibiotic (NICE guideline NG114) ○ Short-term side effects: GI symptoms, disturbance of normal gut flora ○ Long term risks of bacteria developing resistance, lack of effective treatment ○ Only around 50% of COPD exacerbations are thought to be bacterial and antibiotics should only be added to oral steroids if their sputum changes colour and increases in volume or thickness beyond their normal day-to-day variation (NICE guideline NG115) ○ COPD exacerbations can be triggered by a range of factors (2025 GOLD Report - Global Initiative for Chronic Obstructive Lung Disease - GOLD) including viral infections and smoking, so not all exacerbations will respond to antibiotic therapy ○ <u>Mucolytics to break down mucus</u> can help shift phlegm and avoid infection. 	<input type="checkbox"/> Done
9	<p>Explore additional self-management approaches:</p> <ul style="list-style-type: none"> ○ Invite the patient to think about actions they can take to avoid exposure to triggers for flare-ups (avoid smoking, air pollutants, dust, respiratory virus, get vaccines) ○ Discuss benefits of healthier diet Eating well with a lung condition Asthma + Lung UK and exercise Keep Active programme Asthma + Lung UK to boost immune system 	<input type="checkbox"/> Done
10	<p>Review vaccination status: for example, check which and when, recommend and offer any outstanding (2025 GOLD Report - Global Initiative for Chronic Obstructive Lung Disease - GOLD)</p> <p>It is recommended that COPD patients have the following vaccinations:</p> <ul style="list-style-type: none"> ○ SARS-Cov-2 (COVID-19) vaccination reduces serious illness and death in COPD patients ○ Annual influenza vaccination reduces serious illness and death in COPD patients ○ Pneumococcal vaccination reduces incidence of lower respiratory tract infections in COPD patients 	<input type="checkbox"/> Done

	<ul style="list-style-type: none"> ○ Tdap (dTaP and dTPa) vaccination protects against pertussis if not vaccinated during adolescence ○ Zoster vaccination protects against shingles in ≥50-year-old COPD patients ○ Respiratory syncytial virus (RSV) vaccination in ≥60-year-old COPD patients is recommended 	
11	<p>Review smoking status – if your patient is a current smoker offer cessation (NICE guideline NG209):</p> <ul style="list-style-type: none"> ○ Pharmacotherapy options combined with behavioural support are more likely to result in smoking cessation ○ E-cigarettes are not risk-free but can aid smoking cessation ○ Refer to local pharmacy Find a pharmacy - NHS for smoking cessation service ○ Recommend NHS Quit Smoking app – provide instructions and help with installing app 	<input type="checkbox"/> Done
12	<p>Check inhaler technique to ensure inhaled pharmacotherapy is optimised:</p> <ul style="list-style-type: none"> ○ Ask the patient to demonstrate this on their own inhaler(s) ○ Check patient's understanding of instructions for their inhaler use ○ Provide spacer to be used for all metered dose inhalers 	<input type="checkbox"/> Done
13	<p>Offer and refer to local pulmonary rehabilitation (PR) Pulmonary rehabilitation (PR) Asthma and Lung UK service after detailing its benefits:</p> <ul style="list-style-type: none"> ○ PR is an exercise and education programme designed for people with lung disease who experience symptoms of breathlessness. ○ A PR course typically lasts six to eight weeks, with two sessions of around two hours each week, and includes an individually prescribed exercise and education programme including aerobic exercise, resistance training and lifestyle support. ○ Evidence shows that accessing PR improves people's ability to walk further, helps them feel less tired and breathless when carrying out day-to-day activities. 	<input type="checkbox"/> Done
14	<p>Consider if your patient would benefit from a referral for:</p> <ul style="list-style-type: none"> ○ Pulmonary rehabilitation service ○ Smoking cessation service ○ Any vaccination(s) listed above ○ Diagnostic spirometry ○ Review or medication optimisation by the COPD specialist team ○ Support from the practice's social prescriber or link worker 	<input type="checkbox"/> Done
15	<p>Provide your patient with a printed or electronic copy of the 'Patient Information Summary Sheet' (page 16 of this document).</p>	<input type="checkbox"/> Done

THE 'COPD-PET' REVIEW – Patient Information Summary Sheet

(adapted from www.asthmaandlung.org.uk self-management plan)

Date of review: (insert date)

1. I have COPD (Chronic Obstructive Pulmonary Disorder)
Chronic = it's a long-term condition and does not go away
Obstructive = airways are narrowed so it's harder to breathe out quickly and air gets trapped in my chest
Pulmonary = it affects my lungs
Disease = it's a medical condition
2. Because of COPD I can experience shortness of breath, persistent coughing, wheezing and lots of phlegm.
3. Every so often, I get a flare-up where these symptoms get much worse and I need more treatment to settle things, some are caused by infection and some are not, a chest infection can set off a flare-up so it's important I avoid getting infections.
4. Today I feel the level of my breathlessness is: _____
 - 0- I only get breathless with strenuous exercise
 - 1- I get short of breath when hurrying on level ground or walking up a slight hill
 - 2- On level ground, I walk slower than people of my age because of breathlessness, or I have to stop for breath when walking at my own pace
 - 3- I stop for breath after walking about 100 yards or after a few minutes on level ground
 - 4- I am too breathless to leave the house or I am breathless when dressing or undressing
5. There is so much I can do to help manage my COPD:

	Y	N
• I can protect myself from chest infections:		
○ I can get the flu, COVID, and pneumococcal vaccinations	<input type="checkbox"/>	<input type="checkbox"/>
○ I can avoid direct contact with others when they have a cough or cold	<input type="checkbox"/>	<input type="checkbox"/>
• I can quit or reduce my smoking habit (switching to e-cigarettes might help)	<input type="checkbox"/>	<input type="checkbox"/>
• I can bring up my phlegm more effectively using:		
○ Active breathing methods	<input type="checkbox"/>	<input type="checkbox"/>
○ Medication	<input type="checkbox"/>	<input type="checkbox"/>

- I can keep active and eat healthier

☐ ☐

- I can practise helpful breathing techniques to help with breathlessness, anxiety, and phlegm

☐ ☐

6. When I have a flare-up, I have a plan. I know which medication to use and how to ask for help if I need it.
7. I understand the importance of taking my inhalers as advised. I know that unless I take my inhalers properly, I won't get the full effect of the medication.
8. I understand that antibiotics only help when a flare-up is caused by bacteria (not a virus or non-infective cause) so antibiotics may not always be necessary.
9. If I have a 'rescue pack'. I understand when to use it and how to get a replacement.
10. If I feel like my regular medications are not helping much, I will inform my GP or COPD specialist team.