Self-management: Use of rescue medication for COPD

Fran Robinson talks to Sandy Walmsley

Deciding when to give rescue medication to a COPD patient for them to take if their symptoms deteriorate is an art because it involves more than just writing a prescription, according to Sandy Walmsley, independent respiratory nurse practitioner and PCRS-UK Executive member.

The NICE 2010 COPD guideline recommends that people with COPD should be given a self-management plan that encourages them to respond promptly to the symptoms of an exacerbation.[1] This advice should include how to recognise an exacerbation and how to implement appropriate management strategies, including a rescue pack of antibiotics and/or oral steroids for self-treatment at home where indicated.

Recently retired from her job as Lead Respiratory Nurse Specialist at the Heart of England NHS Foundation Trust, Sandy explains that the key to giving a prescription for rescue medication is knowing the patient well and being confident that they fully understand when and how to take their treatment.

Who should be given rescue medication?

"It isn't appropriate for everyone to be given rescue medication," says Sandy, "because some people will panic and take their steroids and antibiotics 'as and when' if they don't fully understand how their medication works. The danger is they may take antibiotics when they don't have an infection or they may only take half the course and stop when they start to feel better which creates problems with antimicrobial resistance. They may also take too many steroids. If patients take three courses of steroid treatment a year when they don't need them, they put themselves at risk of problems including adrenal suppression, osteoporotic fractures, diabetes, pneumonia, psychosis, thinning skin and cataracts."

Clinicians need to be sure that the patient understands what their normal baseline is: "That is the crux of it all," says Sandy. "For one patient 'normal' will mean they can climb the stairs without getting out of breath, while another may have to stop half way up to catch their breath." She says patients can pin their normal baseline onto the very practical everyday things that they do in order to assess whether they are having a good day or a bad day.

"COPD is a very variable condition with good days and bad days, so patients should understand that they should not necessarily panic if they have two bad days in a row because that could just be due to the weather. It's such an individualised thing, there just isn't a 'one size fits all', and that's the difficulty with knowing who should be given a rescue pack. A lot of this comes with experience."

It is essential that very specific instructions about when to take rescue medication and when to contact a healthcare professional are written into the patient's self-management plan which is tailored specifically to them.

When should a patient start taking their rescue medication?

Steroids

Patients are advised to start oral corticosteroid therapy if increased breathlessness interferes with daily activities.[1]

Another concern with giving patients rescue medication is that patients might start to take their prednisolone too early or too late, or they may think they need to take their antibiotics and steroids together. Patients need to understand that sometimes they may only need to take the steroids to treat their breathlessness. "I had a patient who suffered from a lot of anxiety and this tended to make her breathless. So this lady would become quite poorly, but a

lot of her breathlessness was due to anxiety and not an infection," explains Sandy.

It is essential that very specific instructions about when to take rescue medication and when to contact a healthcare professional are written into the patient's self-management plan which is individualised to them.

Antibiotics

Antibiotics should be initiated during an exacerbation if sputum becomes purulent.[1] Sandy says this also comes back to patients' understanding of what is normal for them. "Some people cough up green phlegm every day when they get up in the morning and within an hour that phlegm has turned clear and that's to be expected if they have been lying still all night, not moving or exercising their lungs. So, for those people, that would be their normal baseline and the green phlegm first thing in the morning would not indicate the presence of an infection."

"The advice we give our patients is,, "If you wake up and your phlegm changes colour, you are feeling unwell and you've had those symptoms for more than 24 hours, then start your antibiotics. But if you think you have had flu or a viral infection it would be preferable to discuss with their GP; sometimes a sputum culture will be useful to check for bacterial infection. This is important if they have started the rescue medication and have not begun to feel better. Simply handing out more antibiotics will do no good."

The importance of a review

Sandy stresses that it is essential that anyone who starts their medication should be reviewed within three days by a healthcare professional to assess whether the antibiotics are working. If there is an infection, the antibiotics will kick in after 72 hours and the patient will start to feel better. That review should then trigger a prescription for their next rescue medication.

She says it is also crucial to ensure that receptionists are educated to understand that these patients need to be seen promptly.

TOP TIPS

- Every patient with COPD should have an individualised self-management plan. Rescue medication may or may not be part of that self-management plan.
- You must assess your patients' suitability to be given rescue medication.
- Give them very specific written instructions about when to take the medication.
- Make sure they are able to follow those instructions.
- Check that they are able to recognise what is and is not normal for their condition.
- Review the patient within three days of starting their medication.
- Alarm bells should ring if a patient's symptoms do not respond after taking their rescue medication.
- Rescue medication should never be given out on repeat prescription.

Rescue medication should never be put on repeat prescription, otherwise the danger is these patients may not be reviewed and problems will not be picked up. For example, if patients are continually taking antibiotics and not taking the whole course because they start to feel better, their exacerbation will simply flare up again in a short time. It is also important that the patient has a review so that their use of steroids can be monitored.

What about patients who are unsuitable for rescue medication?

It's a fine line whether to withhold rescue medication because a lot of patients are very stoic, put up with their symptoms without seeking help and end up in hospital with community-acquired pneumonia or an exacerbation of COPD.

Patients who are unsuitable to be given rescue medication and who start to feel unwell should be instructed to call a healthcare professional for an assessment. This should be written into their self-management plan.

"When done properly, giving a rescue pack to the right patient works really well and that makes the best use of everybody's time and resources. But you will always get a few patients who will abuse rescue medication and not use it properly, often because they have

Issues to reflect on

- If patients have taken their rescue medication, follow them up and find out whether they took it appropriately and whether it made any difference.
- Do a search for the number of COPD patients in your practice being given repeat prescriptions for antibiotics and steroids. Consider whether they are being given these prescriptions appropriately.
- Find out how many times patients ask for rescue prescriptions of antibiotics and steroids and whether they are asking for review appointments once they have started their rescue pack.
- Ask whether patients who have taken rescue medication can easily get an appointment for a review. Do reception staff understand the need for COPD patients who have used rescue medication to have a consultation for a review?

not fully understood when to take it. For clinicians, supporting self-management comes with a combination of experience and getting to know their patients," says Sandy.

NICE recommends

Patients at risk of having an exacerbation of COPD should be given self-management advice that encourages them to respond promptly to the symptoms of an exacerbation by:

- Starting oral corticosteroid therapy if their increased breathlessness interferes with activities of daily living (unless contraindicated).
- Starting antibiotic therapy if their sputum is purulent.
- Adjusting their bronchodilator therapy to control their symptoms.
- Patients at risk of having an exacerbation of COPD should be given a course of antibiotic and corticosteroid tablets to keep at home for use as part of a self-management strategy.
- It is recommended that a course of corticosteroid treatment should not last longer than 14 days as there is no advantage in prolonged therapy.
- The appropriate use of these tablets should be monitored.
- Patients given self-management plans should be advised to contact a healthcare professional if their symptoms do not improve.

References
1. Chronic obstructive pulmonary disease in over 16s: diagnosis and management. NICE, June 2010. www.nice.org.uk/guidance/cg101