

Chronic obstructive pulmonary disease management tips

Consider assessment of arterial blood gases in patients with FEV1 < 50% predicted or if signs of respiratory or right heart failure are present.

Criteria for supplemental oxygen prescription¹

- PaO₂ ≤ 55 mm Hg or SaO₂ ≤ 88% at rest on room air;
- PaO₂ 56–59 mm Hg or SaO₂ 89% and any of the following:
 - dependent edema suggesting heart failure;
 - pulmonary hypertension or cor pulmonale;
 - hematocrit > 56%.

During exercise

PaO₂ ≤ 55 mm Hg or SaO₂ ≤ 88% taken during exercise for a patient with a PaO₂ ≥ 56 mm Hg or SaO₂ ≥ 89% during the day while at rest.

During sleep

- PaO₂ ≤ 55 mm Hg or SaO₂ ≤ 88% taken during sleep for a patient with a PaO₂ ≥ 56 mm Hg or SaO₂ ≥ 89% while awake;
- PaO₂ fall > 10 mm Hg or SaO₂ fall > 5% during sleep and associated with symptoms of hypoxemia.

¹Source: www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4.pdf

Office visit checklist

Did you remember to:

- confirm diagnosis with spirometry;
- ask and counsel about triggers: air pollutants, smoky environments, dusty areas, upper respiratory infections;
- ask about smoking and discuss smoking cessation;
- address any active comorbidities;
- review the use of inhaled medications and observe patient technique;
- update symptom response plan;
- reassess oxygen prescription if appropriate;
- review exercise plan;
- prescribe from the insurance plan list of preferred drugs.

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COPD

Management



ConnectionsSM
Provider Support Line

1-866-866-4694

COPD classification*

Stage I: Mild

- FEV1/FVC < .70
- FEV1 \geq 80% predicted

Stage II: Moderate

- FEV1/FVC < .70
- 50% \leq FEV1 < 80% predicted

Stage III: Severe

- FEV1/FVC < .70
- 30% \leq FEV1 < 50% predicted

Stage IV: Very severe

- FEV1/FVC < .70
- FEV1 < 30% predicted or
- FEV1 < 50% predicted plus chronic respiratory failure

Stable COPD management†

Stage I: Mild

- short-acting bronchodilator prn

Stage II: Moderate

- short-acting bronchodilator prn
- long-acting bronchodilators
- pulmonary rehabilitation

Stage III: Severe

- short-acting bronchodilator prn
- long-acting bronchodilators
- inhaled corticosteroids if repeated exacerbations
- pulmonary rehabilitation

Stage IV: Very severe

- short-acting bronchodilator prn
- long-acting bronchodilators
- inhaled corticosteroids if repeated exacerbations
- pulmonary rehabilitation
- evaluate for long-term oxygen therapy
- consider surgical treatments

*Spirometric values are post-bronchodilator values.

Source: Global Initiative for Chronic Obstructive Lung Disease (GOLD). 2008;1-94.

†All COPD patients should have yearly influenza vaccination and Pneumovax vaccination at least once. A one-time Pneumovax revaccination is recommended five years after the first for some groups, including patients with chronic kidney disease, those who are immunocompromised, and those vaccinated before age 65.

Note: This is not a complete list of recommendations.