

COPD Generic Care Plan: Guidance for MCR

CARE ISSUE	DESIRED OUTCOME	ACTION	ACTION BY	RESPONSE
Regular review of inhaler technique.	Patient able to use device effectively and gains maximum benefit from medication.	Demonstrate correct use of device using placebo, patient demonstrates using their medication. Observe patient technique and advise accordingly.	Patient and Pharmacist	Patients' inhaler technique improved.
				If unable to use device then send a note to surgery and recommend patient goes to the practice for a review of device.
Incorrect use of spacer device and maintenance.	Patient uses spacer correctly and cleans it as recommended.	Demonstrate correct use of spacer device and reinforce cleaning recommendation Patient demonstrates correct use.	Pharmacist Patient	Patient demonstrates correct use of spacer and can explain how to maintain it and when to have it replaced. (Recommendation is to renew device every 6 months).
Side effects: Fungal infection in mouth; Hoarse throat; Mouth ulcers;	Patient free of oral side effects from inhaled corticosteroids (ICS).	Reinforce recommendation to always brush teeth and/or rinse mouth thoroughly after using an ICS and explain why. Use of spacer device if appropriate, referral to practice if required.	Pharmacist Patient	Patient understands why we recommend good oral hygiene after using ICS and complies.
				Assuming not already in possession of spacer then if ongoing problems patient visits practice and now gets an MDI and spacer device.
Compliance. (Looking at repeats, patients condition, confusion about meds, exacerbating, high use of B2 inhalers, patient admits doesn't take, lack of understanding).	Patient takes/uses medication as instructed. Compliance with medication improved.	Discussion with patient to identify issues in following treatment plan. Advise on how different therapies work and the need for compliance with medications. When to take. How to take. Missed dose- what to do.	Pharmacist	Patient has a better understanding of how and why to take/use medications for COPD. Patient able to explain what the different meds do and how to take preventer/reliever.

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Steroid prescription dosage inappropriate for patient. (Looking at technique, symptoms and compliance. Assessment of condition and prescription, highlight steroid dose may be inappropriate.)	Patient on correct step and steroid dose for condition.	Discussion with patient and ask patient to make an appointment at surgery for an COPD review explain why. Notify surgery.	Pharmacist Patient Practice / COPD nurse	Patient agrees to make an appointment for a COPD review at surgery. Practice/COPD nurse reviews treatment.
Long-term high dose steroid use. (High-dose inhaled steroid or inhaled steroids with oral steroid courses or steroid nasal sprays or steroid eye drops)	Patient has a steroid warning card and if appropriate is on medication to prevent osteoporosis i.e. bone protection.	Ensure patient has a steroid warning card.	Pharmacist Patient Practice	Patient provided with a steroid warning card and understands its importance.
				Patient understands the risks of high dose steroids and attends practice for regular review of their COPD medications.
		If on medication for osteoporosis ensure patient understands why and complies. Ask patient to discuss steroid dose and bone protection at next review at surgery.		Patient will comply with bone protection/ osteoporosis meds.
				Patient will discuss osteoporosis prevention at next appointment with surgery if appropriate.
Uncontrolled COPD Over use of SABA Patient more breathless Poor quality of sleep. (Patient condition: experiencing symptoms, confusion about meds, exacerbating, high use of B2 inhalers,)	Patient able continue to perform those day to day activities that they have previously been able to do, that they are able to manage their breathlessness through breathing technique and pacing their activities and that they remain as active as they can for as long as they can.	Review of condition inhaler technique, symptoms etc. If compliant etc then recommend appointment at the surgery for review with practice /COPD nurse or GP.	Pharmacist Patient Practice / COPD nurse	Patient has a better understanding of their condition, meds, and trigger factors and complies and uses device correctly. OR Patient makes appointment at surgery for a review and has medication/condition reviewed and altered accordingly (as patient does comply, use devices correctly, avoids triggers but still experiencing symptoms).

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COPD exacerbation (Prescription indicating acute attack.)	Patient sees GP if has a worsening exacerbation. Use of rescue remedies if appropriate	Importance of acute script and need to complete the course.	Pharmacist	Patient aware of signs of severe COPD attack and understands what to do in an emergency if they have an exacerbation. Patient knows to complete the course of oral steroids and/or antibiotics.
Non attendance at COPD clinic – not invited or declined.	Patient has COPD review at surgery once/yr.	Reinforce need for annual review as medication may need altered as condition changed.	Pharmacist Patient Practice / COPD nurse	Patient agrees to a review at surgery. Patient contacts practice for a review.
Patient receives domiciliary oxygen.	Patient able to use O2 treatment correctly, safely and appropriately.	Counsel patient on use of oxygen, how to set up cylinder, flow rate and safety precautions.	Pharmacist	Patient able to use oxygen safely and correctly in their environment.
No flu immunisation. (On inhaled steroids, meet age or other criteria).	Patient gets annual flu immunisation.	Promote advice.	Pharmacist Patient	Patient agrees to contact surgery or pharmacy to get the annual flu vaccination.
Patient smokes.	Smoking stopped.	Reinforce effect and risk of further complications and health risks. Offer Quit Your Way or NHS referral.	Pharmacist Patient	Patient agrees to quit attempt or reduce, and understands why so more motivated to succeed.
		Brief interventions to motivate patient to stop or reduce smoking.		