

CHRONIC OBSTRUCTIVE PULMONARY DISEASE CLINICAL PRACTICE GUIDELINES

The following guidelines are applicable for patients 18 and older who have a diagnosis of Chronic Obstructive Pulmonary Disease, Chronic Obstructive Airway Disease, Chronic Obstructive Bronchitis, and Emphysema. For these patients, their medical record will contain documentation of the following:

1. Evidence of Obstructive Lung Disease
 - a. Airflow limitation is defined by spirometry as post-bronchodilator $FEV_1 / FVC < 70$
2. Classification of COPD severity:
 - a. Stage I: Mild- FEV_1 greater than 80% predicated
 - b. Stage II: Moderate - FEV_1 51% to 80% predicated
 - c. Stage III: Severe - FEV_1 30% to 50% predicated
 - d. Stage IV: Very Severe- FEV_1 less than 30% predicated
3. For patients with Stage I or Stage II treatment plan will include:
 - a. Anticholinergics or short-acting beta-2-agonists or an acceptable alternative medicine as needed (rescue)
 - b. Trial of inhaled corticosteroids if asthma is suspected
 - c. A documented action plan for managing COPD
4. For patients with Stage III or Stage IV a treatment plan will include:
 - a. Anticholinergics or short acting beta-2-agonists or an acceptable alternative medicine
 - b. Long acting anticholinergics or beta-2-agonists or their combination
 - c. Inhaled glucocorticoid if frequent exacerbations
 - d. A documented action plan for managing COPD
5. Nonpharmacologic treatment may include:
 - a. Oxygen therapy, continuous and noncontinuous
 - b. Pulmonary rehabilitation
 - c. Consider surgical options (lung volume reduction surgery, lung transplantation, bullectomy)
6. Environmental assessment, including:
 - a. Primary or secondary smoke
 - b. Occupational hazards
 - c. Indoor or outdoor pollution

(continued)

CHRONIC OBSTRUCTIVE PULMONARY DISEASE CLINICAL PRACTICE GUIDELINES (continued)

7. Precautionary measures:
 - a. Smoking cessation counseling
 - b. Patient education about the signs and symptoms of acute exacerbation
 - c. Patient education about the signs and symptoms of infection
 - d. Patients carrying up-to-date medication list
 - e. Instruction on proper technique of inhaler use
8. Referral to nutritionist or dietitian, as needed
9. Influenza vaccine having been provided within the past year
10. Pneumococcal vaccine:
 - a. Being provided to patients with no or unknown history of prior receipt of the PPSV
 - b. Adults in need of a second and (final) dose of PPSV if five or more years have elapsed since the previous dose of PPSV and the PPSV was given before the age 65 years of age and are at high risk for pneumococcal infection

*Sources: NGC- Chronic Obstructive Pulmonary Disease
Annals of Internal Medicine 2008-Chronic Obstructive Pulmonary Disease
Diagnosis and Management of Stable Chronic Obstructive Pulmonary Disease
NHLBI-COPD
Global Initiative for Chronic Obstructive Lung Disease (GOLD) - Global Strategy
For the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary
Disease, Updated 2009, Executive Summary*

*Reviewed by Valley Preferred Health Services Physician Advisory Committee
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