VA/DOD CLINICAL PRACTICE GUIDELINE FOR CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Diagnosis of COPD requires spirometry.

Educational issues and smoking cessation are essential for COPD management.

Management of COPD focuses on the symptoms and adequacy of oxygenation and not on pulmonary function.

Long-term oxygen therapy (LTOT) in hypoxemic patients and smoking cessation are proven methods for prolonging life.

Patients with severe exacerbations should be referred to an inpatient facility for evaluation of possible admission.

Treatment of exacerbations of COPD requires use of pharmacotherapy and, if indicated, antibiotics.

Step-wise approach to COPD pharmacological therapy is recommended to gain and maintain control of COPD symptoms.

Medication and delivery system training (inhaler technique) is essential to adherence to therapy.

Influenza and pneumococcal vaccinations have been shown to decrease morbidity in COPD patients.

Severity of obstruction: FEV_1 > 50 = MILD; 35-49 = Moderate; <35 = SEVERE

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OXYGEN THERAPY FOR ACUTE EXACERBATIONS

- The goal of oxygen therapy is to optimize oxygenation and minimize respiratory acidosis.
- All patients presenting with acute exacerbation of COPD should receive oxygen.
- Low flow oxygen therapy is preferred.
- Avoid a high flow rate of oxygen unless essential. A Venturi mask (24 to 35 percent) may be adequate until the $PaCO_2$ is determined.
- The lowest fraction of inspired oxygen (FiO_2) resulting in a SaO_2 of 90 percent is optimal.
- Arterial blood gases (ABGs) should be obtained initially and SaO_2 should be monitored continuously

Essential for COPD Patients-

Smoking Cessation Vaccination Patient Education Oxygen Therapy

VA access to full guideline: http://www.oqp.med.va.gov/cpg/cpg.htm *October 2001*
DoD access to full guideline: http://www.cs.amedd.army.mil/Qmo

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