The management of respiratory conditions presenting to the emergency department

To facilitate the correct management of patients presenting with respiratory conditions to the emergency department, management proforma and prescribing power-plans have been created on CRS for asthma, COPD and oxygen prescribing. Additional resources are also available on the intranet.

The processes have been created following review of various audits within the Trust and current Quality Improvement Initiatives (QIP) being undertaken by our colleagues in primary care.

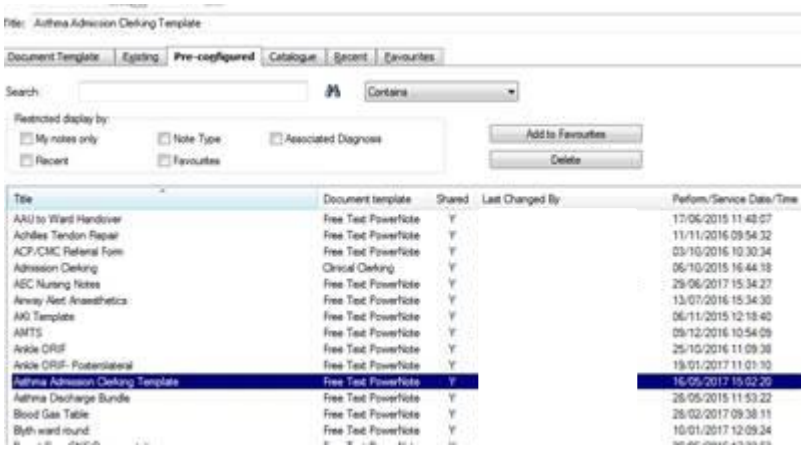
It is essential all patients presenting with exacerbation of asthma are reviewed by their own GP within 48 hours of discharge; please record this in the discharge summary and ensure that the patient has been advised to contact their GP. In addition, it is essential that you record a post treatment PEFR.

Please also record a CURB-65 score in all patients presenting with chest infection in both the patient notes and in the GP discharge summary.

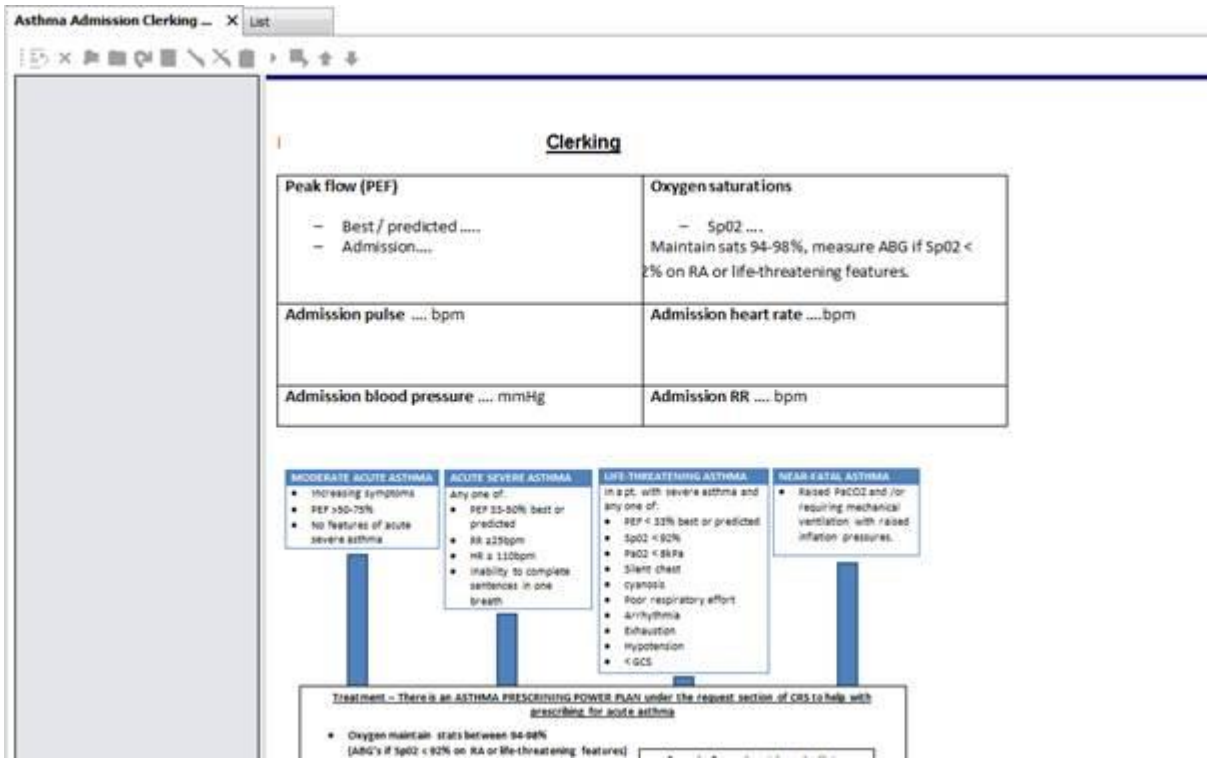
ASTHMA

To help with the clerking and management of patients with ASTHMA we have prepared an **ASTHMA prescribing power plan and an ASTHMA ADMISSION CLERKING TEMPLATE.**

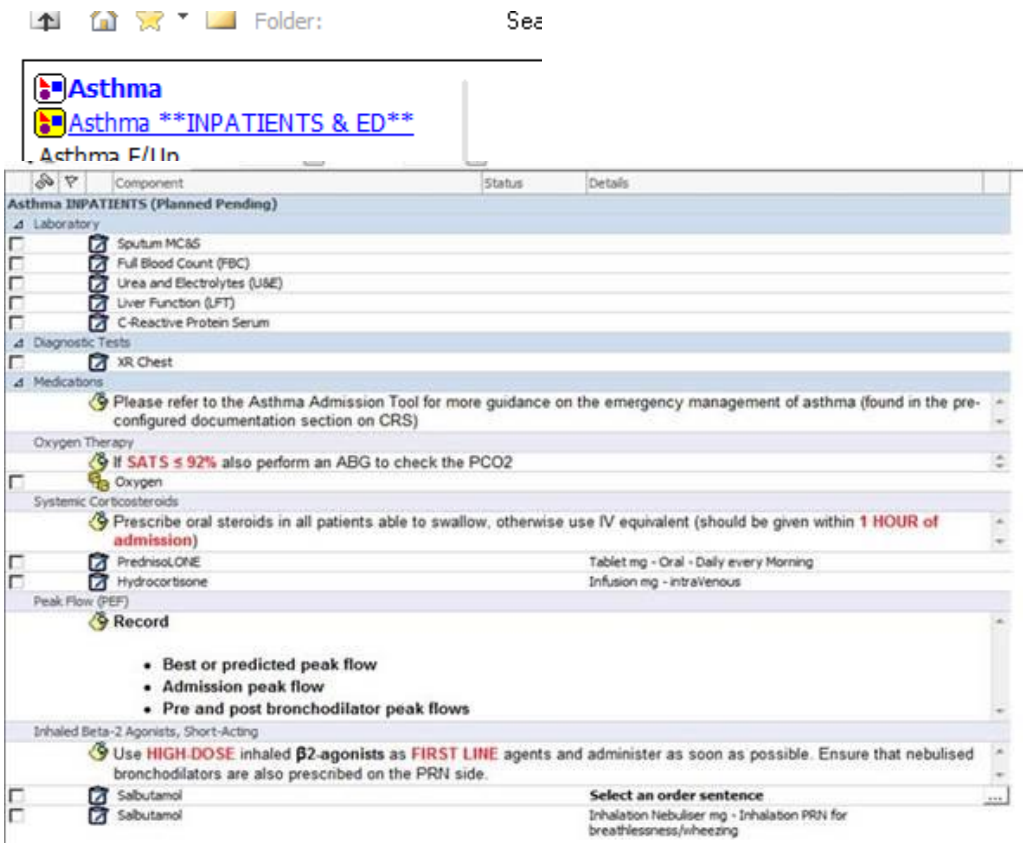
- **ASTHMA ADMISSION CLERKING TEMPLATE** – This can be found in CRS preconfigured documents. This is essentially a clerking template with advice on how to assess and manage patients with asthma appropriately. Once completed, click 'sign' for the record to be saved in the patient's notes.



Dr Emma Holden, Consultant Respiratory Physician, and Dr Gavin Wilson, Consultant in Emergency Medicine, July 2017.
For review in July 2020



- **<u>ASTHMA PRESCRIBING POWERPLAN</u>** – available in CRS under requests, type ASTHMA into requests. This will show a list of all the commonly required investigations / medications and provide you with some tips and advice.



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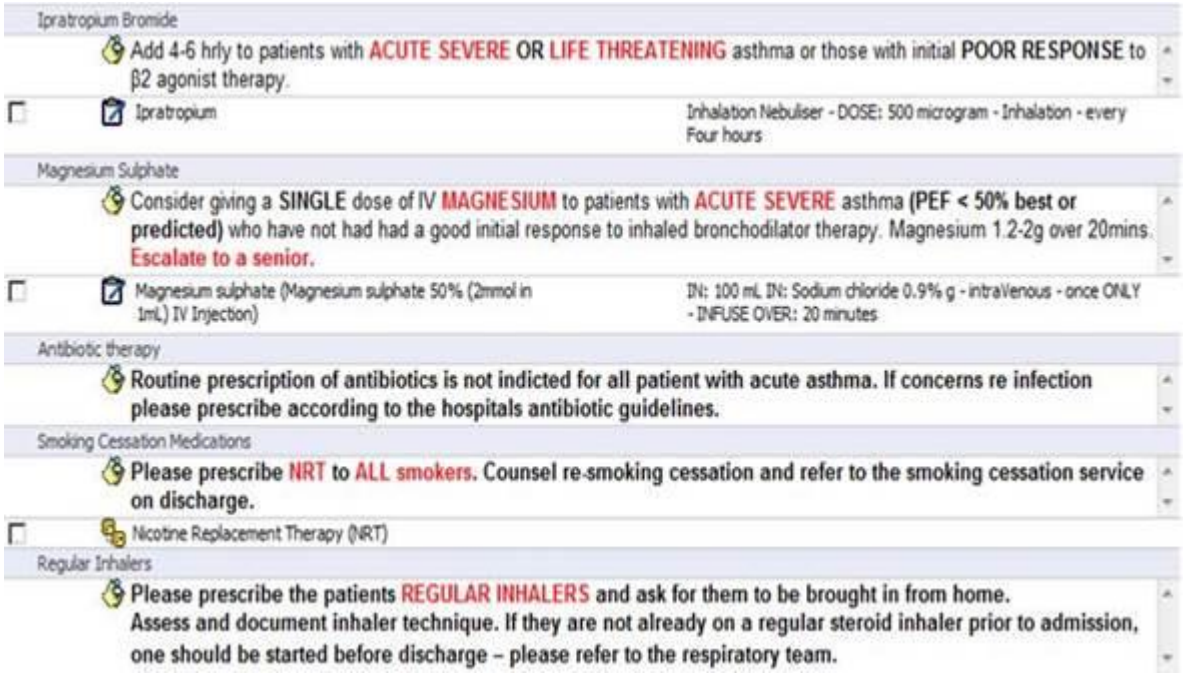
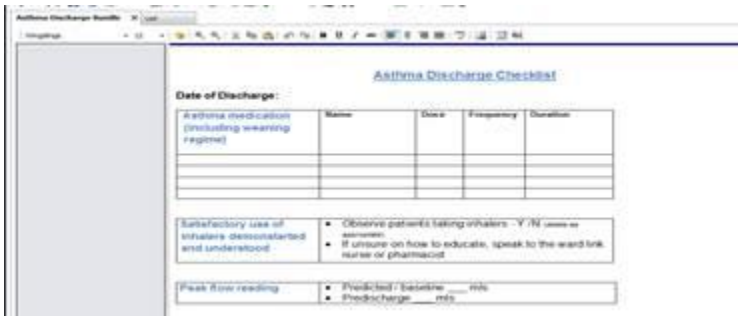


- **ASTHMA – DISCHARGE BUNDLE** – again, this may be found in CRS under pre preconfigured documents. All patients being discharged with ASTHMA must have this completed and the patient provided with a copy before they leave the ED. This is in addition to the normal discharge documentation



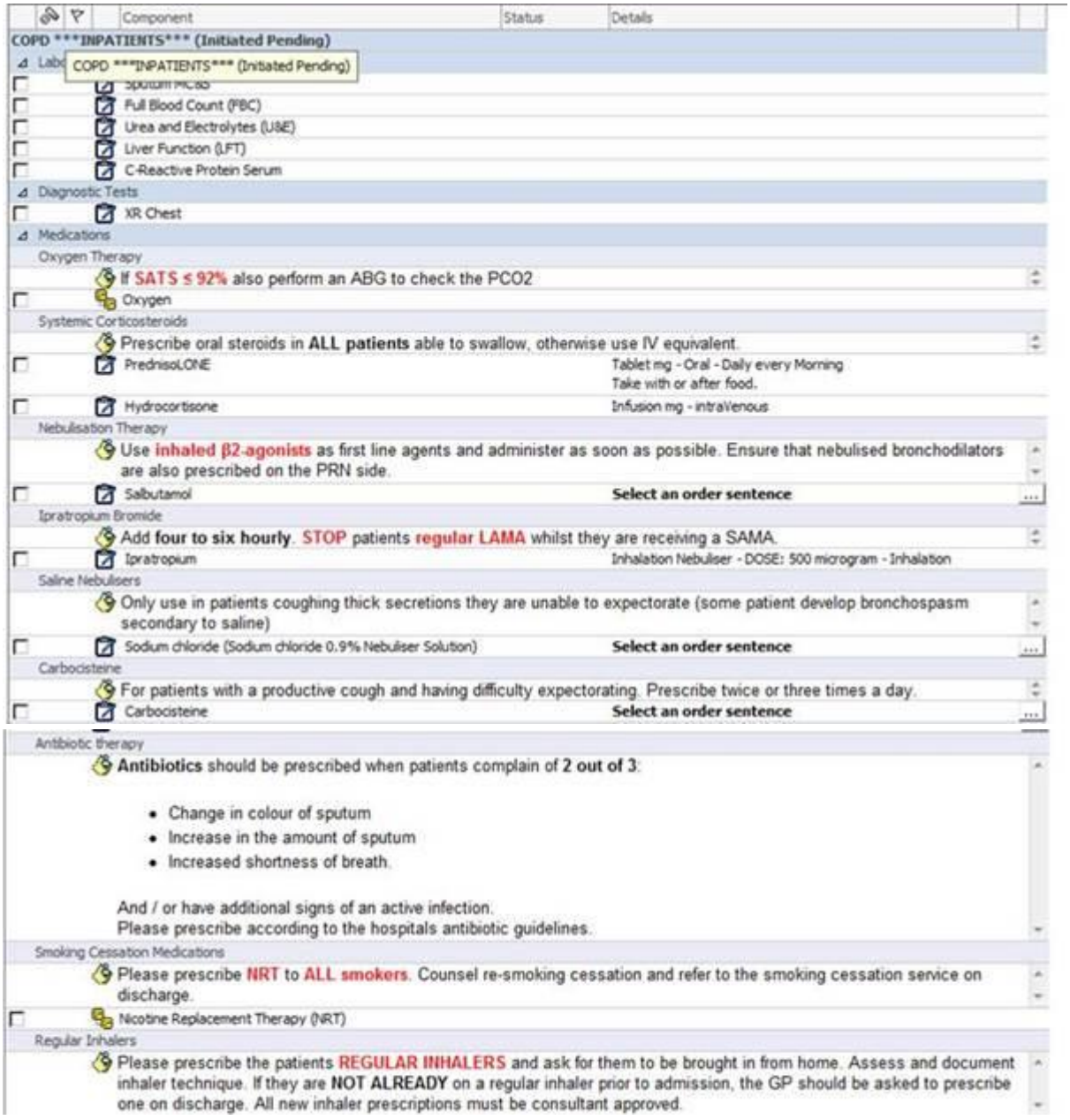
ALL PATIENTS SEEN WITH AN EXACERBATION OF ASTHMA MUST BE REVIEWED BY THEIR GP WITHIN 48 HOURS OF DISCHARGE FROM THE ED.

Please ensure that this is recorded on the discharge documentation from the ED and that the patient is aware of this.

COPD

- To help with the clerking and management of patients with COPD, we have prepared a **COPD PRESCRIBING POWERPLAN** – this is available in CRS under requests, type COPD into requests. This will show a list of all the commonly required investigations / medications and provide you with some tips and advice.

- DON'T FORGET all patients with COPD require an oxygen prescription with appropriate target saturations.



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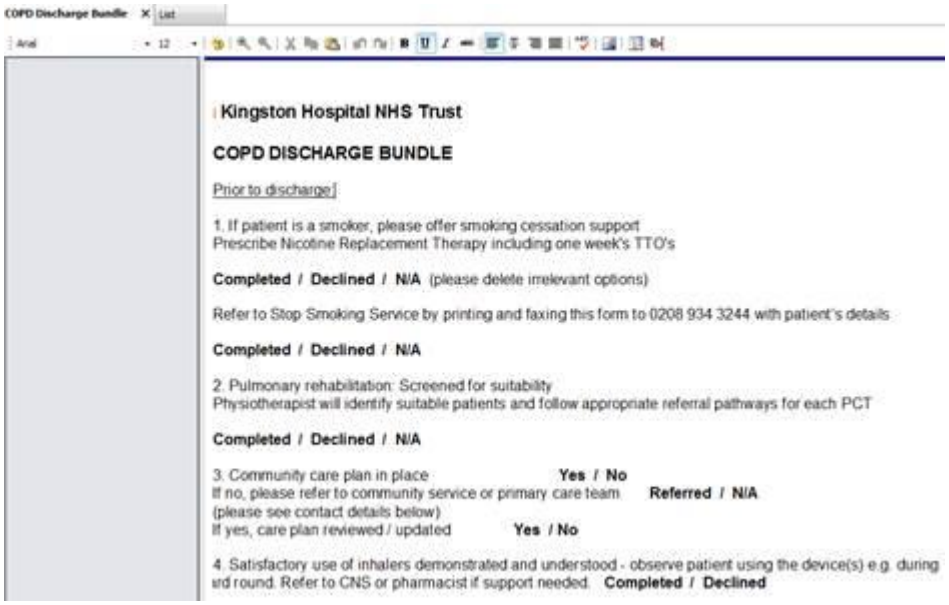
For review in July 2020

- **COPD – DISCHARGE BUNLE** – CRS - pre preconfigured documents, ALL COPD patients require you to complete a COPD discharge bundle. Please hand the patient a copy when complete before they leave the ED.



COPD Discharge Bundle

Kingston Hospital NHS Trust

COPD DISCHARGE BUNDLE

Prior to discharge]

1. If patient is a smoker, please offer smoking cessation support
Prescribe Nicotine Replacement Therapy including one week's TTO's

Completed / Declined / N/A (please delete irrelevant options)

Refer to Stop Smoking Service by printing and faxing this form to 0208 934 3244 with patient's details

Completed / Declined / N/A

2. Pulmonary rehabilitation: Screened for suitability
Physiotherapist will identify suitable patients and follow appropriate referral pathways for each PCT

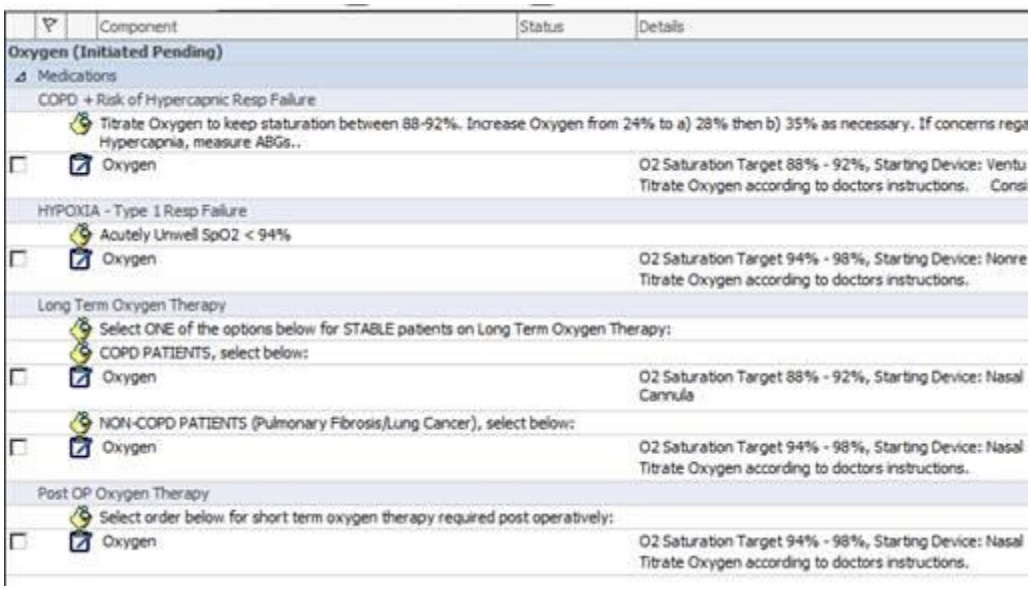
Completed / Declined / N/A

3. Community care plan in place **Yes / No**
If no, please refer to community service or primary care team **Referred / N/A**
(please see contact details below)
If yes, care plan reviewed / updated **Yes / No**

4. Satisfactory use of inhalers demonstrated and understood - observe patient using the device(s) e.g. during ard round. Refer to CNS or pharmacist if support needed. **Completed / Declined**

OXYGEN

- Oxygen must be prescribed for **all patients with COPD** and all other patients likely to need oxygen. The nurses cannot deliver oxygen (unless in an emergency) without a valid prescription.
- **Prescribe via the Oxygen power plan** under requests in CRS - selecting the most appropriate target saturation range.



	Component	Status	Details
Oxygen (Initiated Pending)			
Medications			
COPD + Risk of Hypercapnic Resp Failure			
	Titrate Oxygen to keep staturation between 88-92%. Increase Oxygen from 24% to a) 28% then b) 35% as necessary. If concerns rega Hypercapnia, measure ABGs..		
	Oxygen		O2 Saturation Target 88% - 92%, Starting Device: Ventu Titrate Oxygen according to doctors instructions. Consi
HYPOXIA - Type 1 Resp Failure			
	Acutely Unwell SpO2 < 94%		
	Oxygen		O2 Saturation Target 94% - 98%, Starting Device: Nonre Titrate Oxygen according to doctors instructions.
Long Term Oxygen Therapy			
	Select ONE of the options below for STABLE patients on Long Term Oxygen Therapy:		
	COPD PATIENTS, select below:		
	Oxygen		O2 Saturation Target 88% - 92%, Starting Device: Nasal Cannula
	NON-COPD PATIENTS (Pulmonary Fibrosis/Lung Cancer), select below:		
	Oxygen		O2 Saturation Target 94% - 98%, Starting Device: Nasal Titrate Oxygen according to doctors instructions.
Post OP Oxygen Therapy			
	Select order below for short term oxygen therapy required post operatively:		
	Oxygen		O2 Saturation Target 94% - 98%, Starting Device: Nasal Titrate Oxygen according to doctors instructions.

RESPIRATORY INTRANET SITE

The respiratory team have compiled a reference resource which is located on the Trust intranet. This can be accessed by clicking on the 'Go to…' bar at the top of the Trust intranet home page.

- Full of hints and tips including:
  - Forms, including the respiratory disease patient information discharge bundles (which are also accessed via CRS)
  - How to contact the various team members
  - Advise on how to assess for LTOT.
  - Guidance on how to manage / investigate certain conditions i.e.: pneumonia management bundle
  - How to refer to the community teams / for pulmonary rehabilitation.

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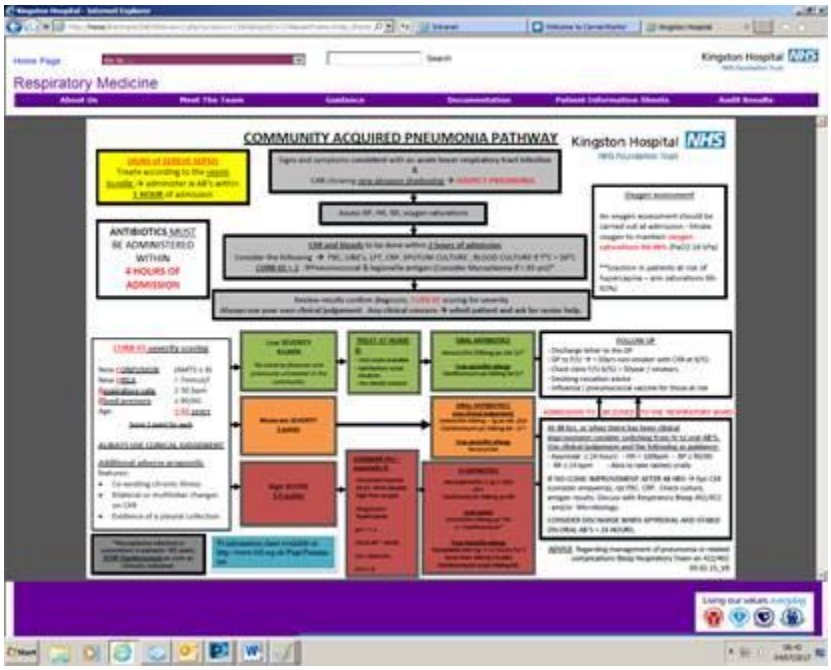

- Patients that present with chest sepsis must be managed according to the Trust sepsis guidelines and the **Sepsis 6** should be completed within 60 minutes of arrival to the ED. As a result, antibiotics for pneumonia, as for all sepsis presentations, must be administered **within 1 hour of admission.**

- **More information on the management of respiratory conditions in the BLUE BOOK available on the hospital intranet.**
  http://home/policies/KHT_Library_Docs/Policies/A06668_Bluebook_2016_For_DB_01.07.16.pdf