

Title: Treatment of COPD and GOLD Standards

Date Created: 11/30/2015

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Date Approved by Board of Directors: 12/08/2015

Clinical Guideline # CGC-CG-15

Purpose: To set a guideline that sets the standard of management for COPD PPS-wide.

Note: The following document is a clinical guideline based on evidence based medicine and recommended best practices for DSRIP purposes. At no time should this document supersede existing hospital, practice, or state policies.

Guideline:

Table 1. Multidisciplinary management of COPD.

Stage of COPD*	Characteristics	Management strategies	Service providers
I: Mild	FEV ₁ /FVC† < 0.7 and FEV ₁ > 80% of predicted with or without symptoms	Spirometry testing Smoking cessation Vaccination Education	Family physician and respiratory therapist COPD educator
II: Moderate	FEV ₁ /FVC† < 0.7 and FEV ₁ (50%–80% of predicted)	Short-acting bronchodilators Pulmonary rehabilitation Nutritional advice	Pharmacist Physiotherapist Dietitian
III: Severe	FEV ₁ /FVC < 0.7 and FEV ₁ 30%–50% of predicted	Long-acting bronchodilators and inhaled corticosteroids	Respirologist
IV: Very severe	FEV ₁ /FVC < 0.7 FEV ₁ < 31% of predicted or presence of respiratory or right heart failure	Oxygen therapy Surgery End-of-life care	Family physician Thoracic surgeon Social worker and palliative care team

*According to the Global Initiative for Chronic Obstructive Lung disease¹²
 †FEV₁ (forced expiratory volume in 1 second) to FVC (forced vital capacity).

GOLD -Treatment by Severity

I: Mild	II: Moderate	III: Severe	IV: Very Severe
<ul style="list-style-type: none"> •FEV₁/FVC <70% •FEV₁ ≥80% •With or without symptoms 	<ul style="list-style-type: none"> •FEV₁/FVC <70% •50% ≤FEV₁ ≤80% •With or without symptoms 	<ul style="list-style-type: none"> •FEV₁/FVC <70% •30% ≤FEV₁ ≤80% •With or without symptoms 	<ul style="list-style-type: none"> •FEV₁/FVC <70% •FEV₁ <30% or presence of chronic respiratory failure or right heart failure
Avoidance of risk factor(s); influenza vaccination			
Add short-acting bronchodilator when needed			
	Add regular treatment with one or more long-acting bronchodilators Add rehabilitation		
		Add ICS if repeated exacerbations	
			Oxygen for chronic respiratory failure Consider surgical treatments

When PPS clinical protocols and pathways are developed through the Clinical Governance Committee(s) of the PPS and approved by the CCN Board of Directors and are applicable to Partner Organization's delivery of health care services and project participation, such protocols and pathways shall not (1) override the professional judgment of Partner Organization and its licensed health care professionals in treating patients in individual cases or (2) interfere with the governing body/established operator of any licensed health care facility or its medical staff in overseeing the provision of clinical services to patients and the quality of care.

Clinical Guideline Board Approval History:

Clinical Guideline Revisions:

Date	Revision Log	Updated By

This Clinical Guideline shall be reviewed periodically and updated consistent with the requirements established by the Board of Directors, Care Compass Network’s senior management, Federal and State law(s) and regulations, and applicable accrediting and review organizations.