

# Acute Exacerbation COPD

Respiratory Failure?  
Screening VBG  
If pH < 7.35 perform ABG

Respiratory Failure?  
Perform ABG

Why AECOPD? *FIND A CAUSE*  
Infective – bronchitis / pneumonia?  
Pneumothorax  
Pleural effusion  
CVS (failure/ arrhythmia / ACS)  
PE  
Other – *must* have a cause

No respiratory failure

Type I  
PaO<sub>2</sub> < 60  
PaCO<sub>2</sub> < 45

Acute Type 2  
pH < 7.35 *and*  
PaCO<sub>2</sub> > 45

Warning signs:  
Reduced conscious level  
Reduced respiratory effort  
INFORM ITU

Treat the cause  
Maximum medical therapy  
Repeat assessment / ABG if deteriorates

**MAXIMUM MEDICAL THERAPY**

- CONTROLLED OXYGEN THERAPY
- Salbutamol nebulised 5mg (back to back if necessary)
- Ipratropium nebulised 500mcg QDS
- Prednisolone 30mg PO OD (7-14 days)  
(hydrocortisone ONLY if oral route not available)
- Antibiotics\*
- Consider iv theophyllines (care in CVS co-morbidity)
- Consider chest physio
- Treat other causes of respiratory compromise (see above)

Treat the cause

Maximum medical therapy  
CONTROLLED OXYGEN THERAPY  
If PaO<sub>2</sub> > 60 – reduce O<sub>2</sub>  
& repeat ABG 30-60 mins  
If PaO<sub>2</sub> < 50, and still acute T II failure, despite controlled O<sub>2</sub> therapy and maximal medical therapy:  
- may require NIV  
**Inform Resp Team / ICU**  
Warning signs? INFORM ITU