



# Clinical Update

## For Telephone Triage Nurses

March 2015

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### Special Note

We added two COPD telephone triage guidelines last year. Telehealth nurses can use these tools to triage and support patients with COPD.

>> **COPD Post  
Hospitalization Follow-  
Up Call**

>> **COPD Oxygen  
Monitoring and Hypoxia**

### COPD Post-Hospitalization Triage and Follow-Up

Chronic obstructive lung disease (COPD) is one of the leading causes of readmissions in U.S. hospitals. Beginning with the fiscal year 2015, Medicare reimbursement will be reduced for hospitals that have excessive COPD readmissions. Targeted strategies for pre and post-discharge care are being studied to reduce these readmissions. These strategies aim to reduce health care costs and improve the quality of life for patients with COPD.

Telehealth nurses can play an important role in helping achieve these goals. During post-discharge follow-up calls, the nurse can help identify early warning signs that require medical attention. Treating an exacerbation early might help prevent a readmission. The nurse can also answer questions and review the patient's treatment plan. It is especially important that patients with COPD have access to their meds and know how to take them.

#### COPD... The Scope of the Problem

- COPD affects almost 15 million U.S. adults. Another 12 million adults may go undiagnosed (NHLBI, 2012).
- It is now the third leading cause of death in the U.S.
- Approximately 20% of patients admitted to the hospital for COPD are readmitted within 30 days.
- The annual indirect and direct costs of COPD in the U.S. are approaching \$50 billion. A significant portion of direct costs are due to COPD exacerbations.
- COPD exacerbations increase mortality and may hasten the decline of lung function.

#### COPD Exacerbations

##### Warning Signs

- Patient reports COPD symptoms are worse than usual. Examples are worsening cough, shortness of breath or wheezing, and increased sputum
- Patient is more confused or lethargic
- New or worsening cyanosis
- New swelling of the ankles and legs
- Increased use of accessory breathing muscles
- Increased respiratory rate and heart rate (taken at rest when awake)
- Decreased oxygen saturation (e.g., 4 or more points below normal range)

##### Triggers

- Infections (viral and bacterial) – most common triggers
- Air pollution
- Physical or emotional stressors
- Genetic predisposition – some patients seem to be more prone than others.

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### COPD Post-Discharge Follow-Up Calls

- The key task of the nurse is to assess whether the patient's symptoms have changed since discharge. The nurse should ask questions like these: ***Are you getting better? Do you feel the same? Are you getting worse?***
- COPD is a chronic disease with varying degrees of severity. Patients who feel the same are usually at their baseline or in their "stable" state.

How Patient Feels Compared to Time of Discharge	Disposition (Urgency)	Role of Telehealth Nurse
Patient feels better	Home Care Usually can be managed at home	<ul style="list-style-type: none"> <li>Reassure and support.</li> <li>Reinforce need to keep follow-up visits.</li> <li>Review and reinforce treatment plan.</li> </ul>
Patient feels the same	Home Care Usually can be managed at home. Schedule FU visit with HCP	<ul style="list-style-type: none"> <li>Does patient have access to needed medicines and treatments (O<sub>2</sub>, inhalers) and know how to use them?</li> <li>Review when to call back (warning signs).</li> <li>Reinforce Preventative Measures:                             <ul style="list-style-type: none"> <li>✓ Annual Flu Vaccine</li> <li>✓ Pneumonia vaccine</li> <li>✓ Smoking Cessation if still smoking</li> </ul> </li> </ul>
Patient feels worse Warning signs of COPD exacerbation (pg. 1)	Usually needs to be seen. Urgency of visit depends on severity of symptoms	<ul style="list-style-type: none"> <li>Refer patient in for medical evaluation.</li> <li>Consider any of the above if patient does not need to be seen urgently.</li> </ul>

### COPD – Oxygen (O<sub>2</sub>) Therapy Basics

- Not all patients with COPD who have shortness of breath need oxygen (O<sub>2</sub>). Oxygen is only needed when the O<sub>2</sub> level is known to be low (hypoxia). In other words, a patient with COPD can feel short of breath and not necessarily be hypoxic.
- Generally, a patient with COPD does not need O<sub>2</sub> if his/her O<sub>2</sub> saturation is over 90%.
- When O<sub>2</sub> is ordered, the patient should have specific instructions that include O<sub>2</sub> rate and targeted O<sub>2</sub> saturation range (e.g., 88 - 92%).
- Patients should be warned not to turn their O<sub>2</sub> higher than what the doctor ordered. Too much O<sub>2</sub> can be dangerous in some patients. (Reason: Can lead to dangerous levels of CO<sub>2</sub> in the blood.)
- Monitoring O<sub>2</sub> saturation at home is important. ***A drop in O<sub>2</sub> saturation level can be a warning sign of a COPD exacerbation.***

### References

- CDC: What is COPD? <http://www.cdc.gov/copd/index.htm> (accessed 2/23/15)
- From the *Global Strategy for the Diagnosis, Management and Prevention of COPD*, Global Initiative for Chronic Obstructive Lung Disease (GOLD) 2015. Available from: <http://www.goldcopd.org/>.
- National Heart, Lung, and Blood Institute (NHLBI). Morbidity and mortality: 2012 chart book on cardiovascular, lung, and blood diseases (2012).

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Clinical Content

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