

# COVID-19 rapid guideline: community-based care of patients with chronic obstructive pulmonary disease (COPD)

NICE guideline

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[www.nice.org.uk/guidance/ng168](https://www.nice.org.uk/guidance/ng168)

## Your responsibility

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

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## Overview

The purpose of this guideline is to maximise the safety of patients with chronic obstructive pulmonary disease (COPD) during the COVID-19 pandemic, while protecting staff from infection. It will also enable services to make the best use of NHS resources.

This guideline focuses on what you need to stop or start doing during the pandemic. Follow the usual professional guidelines, standards and laws (including those on equalities, safeguarding, communication and mental capacity), as described in [making decisions using NICE guidelines](#).

This guideline is for:

- health and care practitioners
- health and care staff involved in planning and delivering services
- commissioners

The recommendations bring together

- existing national and international guidance and policies
- advice from specialists working in the NHS from across the UK. These include people with expertise and experience of treating patients with COPD during the current COVID-19 pandemic.

We developed this guideline using the [interim process and methods for developing rapid guidelines on COVID-19](#) in response to the rapidly evolving situation. We will review and update the recommendations as the knowledge base develops using the [interim process and methods for guidelines developed in response to health and social care emergencies](#).



# 1 Communicating with patients and minimising risk

- 1.1 Communicate with patients, their families and carers, and support their mental health and wellbeing to help alleviate any anxiety and fear they may have about COVID-19. Signpost to charities (such as the [British Lung Foundation](#)) and support groups (such as NHS Volunteer Responders), and [UK government guidance on the mental health and wellbeing aspects of COVID-19](#).
- 1.2 Explain to patients with chronic obstructive pulmonary disease (COPD), and their families and carers, that they are at increased risk of severe illness from COVID-19.
- 1.3 Be aware that the [NICE guideline on chronic obstructive pulmonary disease in over 16s](#) defines severe airflow obstruction in patients with COPD as those who have an FEV1 less than 50% of predicted. Other factors associated with a worse prognosis in patients with COPD include:
  - past history of hospital admission
  - need for long-term oxygen therapy or non-invasive ventilation
  - limiting breathlessness
  - the presence of frailty and multimorbidity.
- 1.4 Some patients with severe COPD will have received a letter telling them they are at very high risk of severe illness from COVID-19. Tell them, or their families and carers, to follow [UK government advice on shielding and protecting people defined on medical grounds as extremely vulnerable from COVID-19](#).
- 1.5 Minimise face-to-face contact to reduce the risk of infection by:
  - using telephone, video or email consultations whenever possible
  - cutting non-essential face-to-face appointments
  - contacting patients via text message, telephone or email

- using electronic prescriptions rather than paper
  - using different methods to deliver prescriptions and medicines to patients, for example pharmacy deliveries, postal services, NHS Volunteer Responders or introducing drive-through pick-up points for medicines.
- 1.6 If patients are having a face-to-face appointment, on the day of the appointment first screen them by telephone to make sure they have not developed symptoms of COVID-19.
- 1.7 Tell patients, their families and carers that they should contact [NHS 111 online coronavirus service](#) or call NHS 111 if they think they have COVID-19. They should do this as soon as they have symptoms. In an emergency they should call 999 if they are seriously ill.

## Patients not known to have COVID-19

- 1.8 If patients need to attend face-to-face appointments, ask them to go alone if they can, or with no more than 1 family member or carer, to reduce the risk of contracting or spreading infection with COVID-19. They should avoid using public transport if possible.
- 1.9 Minimise time in the waiting area by:
- careful scheduling to avoid several patients waiting at the same time
  - separate entrance and exit routes if possible to minimise contact
  - encouraging patients not to arrive early
  - texting or calling patients when you are ready to see them, so that they can wait in their car, for example.

## Patients known or suspected to have COVID-19

- 1.10 When patients with known or suspected COVID-19 have been identified, follow appropriate [UK government guidance on infection prevention and control](#). This includes recommendations on using personal protective equipment (PPE), patient transfers, transport and options for outpatient settings.

- 1.11 If a patient has symptoms of COVID-19 on presentation or admission, follow [UK government guidance on investigation and initial clinical management of possible cases](#). This includes information on testing and isolating patients.
- 1.12 If COVID-19 is later diagnosed in a patient not isolated from admission or presentation, follow [UK government guidance for health professionals](#).

## 2 Treatment and care planning

- 2.1 Tell all patients to continue taking their regular inhaled and oral medicines in line with their individualised COPD self-management plan to ensure their COPD is as stable as possible. This includes those with COVID-19, or who are suspected of having it. Keep their self-management plan up to date, and remind them that [online video resources on correct inhaler technique](#) are available.
- 2.2 At every interaction with a patient, be alert for new or increased issues with mental health and wellbeing, particularly anxiety and depression.
- 2.3 Find out if patients have advance care plans or advance decisions around ceilings of care, including 'do not attempt cardiopulmonary resuscitation' decisions.
- 2.4 Encourage patients with more severe COPD who do not have advance care plans to develop one. Use decision support tools (when available), and refer to the [Mental Capacity Act 2005](#) for patients who may lack capacity. Bear in mind that these discussions may need to take place remotely (see [recommendation 1.5](#)). Document discussions and decisions clearly and take account of these in planning care.

### Corticosteroids

- 2.5 Explain to patients there is no evidence that treatment with inhaled corticosteroids (ICS) for COPD increases the risk associated with COVID-19.
- 2.6 Tell patients established on ICS to continue to use them, and delay any planned trials of withdrawal of ICS. While there is some evidence that use of ICS in COPD may increase the overall risk of pneumonia (see the [2014 MHRA drug safety update on inhaled corticosteroids: pneumonia](#)), do not use this risk alone as a reason to change treatment in those established on ICS and risk destabilising COPD management.
- 2.7 Tell patients on long-term oral corticosteroids that they should continue to take them at their prescribed dose, because stopping them can be harmful. Advise patients to carry a Steroid Treatment Card.



## Self-management for exacerbations

- 2.8 Tell patients that if they think they are having an exacerbation, they should follow their individualised COPD self-management plan and start a course of oral corticosteroids and/or antibiotics if clinically indicated.
- 2.9 Tell patients not to start a short course of oral corticosteroids and/or antibiotics for symptoms of COVID-19, for example fever, dry cough or myalgia.
- 2.10 Do not offer patients with COPD a short course of oral corticosteroids and/or antibiotics to keep at home unless clinically indicated, as set out in the [NICE guideline on chronic obstructive pulmonary disease in over 16s](#).

## Smoking cessation

- 2.11 Strongly encourage patients with COPD who are still smoking to stop, to reduce the risk of poor outcomes from COVID-19 and their risk of acute exacerbations. This could involve telephone, video or email consultation support (see [NHS Stop smoking services help you quit](#)). Ensure evidence-based interventions are available (see the [NICE guideline on stop smoking interventions and services](#)).

## Pulmonary rehabilitation

- 2.12 Use online pulmonary rehabilitation resources, such as those available in the [British Thoracic Society pulmonary rehabilitation resource pack](#). This covers self-management, home exercise and educational materials.

## Oxygen

- 2.13 Advise patients currently receiving long-term oxygen therapy not to adjust their oxygen flow rate, unless advised to by their healthcare professional.
- 2.14 Advise patients currently receiving ambulatory oxygen not to start using it at rest or in their home.

## Oral prophylactic antibiotic therapy

- 2.15 Do not routinely start prophylactic antibiotics to reduce risk from COVID-19.

- 2.16 Tell patients already prescribed prophylactic antibiotics to continue taking them as prescribed, unless there is a new reason to stop treatment (for example, side effects or allergic reaction). Advise patients to contact their care team if this happens.

## Airway clearance

- 2.17 Advise patients currently using airway clearance techniques to continue to do so.
- 2.18 Advise patients that inducing sputum is a potentially infectious aerosol generating procedure, and they should take appropriate precautions such as:
- performing airway clearance techniques in a well-ventilated room
  - performing airway clearance techniques away from other family members if possible
  - advising other family members not to enter the room until enough time has passed for aerosols to clear.

Find out more from [UK government guidance on COVID-19: infection prevention and control](#).

## 3 Equipment

- 3.1 Tell patients to wash their hands and clean equipment, such as face masks, mouth pieces, spacer devices and peak flow meters, regularly using washing-up liquid or following the manufacturer's cleaning instructions.
- 3.2 Tell patients not to share their inhalers and devices with anyone else.
- 3.3 Tell patients they can continue to use their nebuliser. This is because the aerosol comes from the fluid in the nebuliser chamber and will not carry virus particles from the patient. Find out more from [UK government guidance on COVID-19: infection prevention and control](#).
- 3.4 Do not offer nebulisers to patients unless clinically indicated (see the [NICE guideline on chronic obstructive pulmonary disease in over 16s](#)).
- 3.5 Advise patients currently receiving non-invasive ventilation at home that these are potentially infectious aerosol generating procedures, and they should take appropriate precautions such as:
- using equipment in a well-ventilated room
  - using equipment away from other family members if possible.

Find out more from [UK government guidance on COVID-19: infection prevention and control](#).

## 4 Modifications to usual care and service delivery

- 4.1 Make policy decisions about modifications to usual care at an organisational level.
- 4.2 When planning changes to usual care, take into account people's access to digital and online resources, digital literacy and any preference for verbal or written support (for example, digital-only services could lead to inequalities of access for people with limited internet access).
- 4.3 Think about how to modify usual care to reduce patient exposure to COVID-19 and make best use of resources (workforce, facilities, equipment), for example:
  - switch respiratory services to telephone or virtual consultations, including routine annual reviews
  - defer routine pulmonary function testing
  - defer oxygen follow-up assessments if possible.
- 4.4 On a case-by-case basis, carry out or defer assessments to establish if patients are eligible for long-term oxygen therapy (as defined by the [NICE guideline on chronic obstructive pulmonary disease in over 16s](#)) or might benefit from non-invasive ventilation at home for nocturnal hypoventilation.
- 4.5 Prescribe enough COPD medicines to meet the patient's clinical needs for no more than 30 days. For inhalers this depends on the type of inhaler and the number of doses in the inhaler. Prescribing larger quantities of medicines puts the supply chain at risk.

## 5 Healthcare workers

- 5.1 All healthcare workers involved in receiving, assessing and caring for patients who have known or suspected COVID-19 should follow [UK government guidance on infection prevention and control](#). This contains information on using personal protective equipment (PPE), including visual and quick guides for putting on and taking off PPE.
- 5.2 If a healthcare professional needs to self-isolate, ensure that they can continue to help if they are well enough to do so by:
- enabling telephone or video consultations and virtual multidisciplinary team meetings
  - identifying patients who are suitable for remote monitoring and follow up, and those who are vulnerable and need support
  - carrying out tasks that can be done remotely.
- 5.3 Take account of the information on the [NHS Employers website](#) about good partnership working and issues to consider when developing local plans to combat COVID-19.

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