CHRONIC OBSTRUCTIVE PULMONARY DISEASE Diagnosis All patients should stop smoking, avoid irritants and have an annual influenza vaccination Early effective treatment of exacerbations Stage I Stage II Stage III FEV1 at least 50% of predicted FEV1 35-49% of predicted FEV1 < 35% of predicted Mild effort-related dyspnoea Continuous dyspnoea Respiratory failure Cor Pulmonale Bronchodilators: relieve symptoms, do not alter decline in FEV1 β2 agonist inhaler: 2 puffs 6 hourly as needed or Ipratropium bromide inhaler: 2 puffs 6 hourly as Bronchodilators: relieve symptoms, do not needed or alter decline in FEV1 Combination of above: 6 hourly as needed β2 agonist inhaler: 2 puffs 6 hourly as needed Oral theophylline 6-8mg/kg/day in divided doses Ipratropium bromide inhaler: 2 puffs 6 hourly adjusted to plasma trough levels as needed or Combination of above: 6 hourly as needed Oral theophylline 6-8mg/kg/day in divided No improvement? doses adjusted to plasma trough levels Oral corticosteroid trial: prednisone 40mg/day Consider oral corticosteroid trial: for 14 days prednisone 40mg/day for 14 days Improvement of FEV1 < 10 % and significant symptomatic improvement Objective No objective response: improvement in FEV1 Stop corticosteroids of >12% and >200ml Optimise bronchodilator to more than 80% therapy and other Consider the risk-benefit of predicted supportive therapy low dose prednisone 10ma alternate days or 5mg daily Treat as for Asthma and optimise bronchodilator therapy Severe advanced disease Consider long term domiciliary oxygen Treat complications Prevent weight loss

Glossary:

- FEV1 Forced expiratory volume in 1 second
- β2 Beta-2 receptor

Applicable ICD 10 Coding:

- J43 Emphysema
 - J43.0 MacLeod's syndrome
 - o J43.1 Panlobular emphysema
 - o J43.2 Centrilobular emphysema
 - o J43.8 Other emphysema
 - o J43.9 Emphysema, unspecified
- J44 Other chronic obstructive pulmonary disease
 - J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection
 - J44.1 Chronic obstructive pulmonary disease with acute exacerbation, unspecified
 - J44.8 Other specified chronic obstructive pulmonary disease
 - o J44.9 Chronic obstructive pulmonary disease, unspecified

Note:

- Medical management reasonably necessary for the delivery of treatment described in this algorithm is included within this benefit, subject to the application of managed health care interventions by the relevant medical scheme.
- 2. To the extent that a medical scheme applies managed health care interventions in respect of this benefit, for example clinical protocols for diagnostic procedures or medical management, such interventions must
 - a. not be inconsistent with this algorithm;
 - b. be developed on the basis of evidence-based medicine, taking into account considerations of cost-effectiveness and affordability; and
 - c. comply with all other applicable regulations made in terms of the Medical Schemes Act, 131 of 1998
- 3. This algorithm may not necessarily always be clinically appropriate for the treatment of children. If this is the case, alternative paediatric clinical management is included within this benefit if it is supported by evidence-based medicine, taking into account considerations of cost-effectiveness and affordability.