

COPD Management Cheat Sheet

[Corresponding video](#) | Updated 3/2023

GOLD Classification

Level and Symptoms	Risk	Treatment
Gold 1 Mild, infrequent (breathless with strenuous exercise)* FEV1 \geq 80%	Low: 0-1 exacerbations without hospitalization/yr	SABA, SAMA or combo PRN
Gold 2 Moderate to severe (stopping to catch breath on level ground)* FEV1 \geq 50% but $<$ 80%	Low: 0-1 exacerbations without hospitalization/yr	Regular LAMA or LABA (pt preference), SABA PRN
Gold 3 Mild, infrequent* FEV1 \geq 30% but $<$ 50%	High: $>$ 2 exacerbations/yr + hospitalization	Regular LAMA/LABA combo, SABA PRN
Gold 4 Moderate to severe* FEV1 $<$ 30%	High: $>$ 2 exacerbations/yr + hospitalization	Regular LAMA OR LAMA+LABA, OR LABA/ICS (+ SABA PRN), OR LABA/LAMA/ICS

All patients:

- Identify and avoid triggers, smoking cessation
- Use inhalers correctly/medication adherence

- Vaccines: Tdap, pneumococcal, seasonal influenza
 - Tdap: 1 dose as adult, then Td booster every 10 years
 - Pneumococcal - under 65: 1 dose PPSV23 with chronic medical conditions including COPD/smoking (see special rules for immunocompromised)
 - Over 65: 1 dose PCV13, followed by PPSV23 at least 1 year later and at least 5 years after last dose of PPSV23
- Exercise, healthy diet, weight management
- Lung cancer screening: age 55-74 (up to 80), 30 pack-year smoking history, quit within 15 years if former
- Pulmonary rehabilitation → pulm referral
- Annual spirometry, ?baseline ABGs, CXR

***Can assess the severity of symptoms using [mMRC](#) or [CAT assessment](#)**

Drugs

SABA	Short-acting beta agonist	Albuterol, levalbuterol
SAMA	Short-acting muscarinic antagonists/ anticholinergics	Ipratropium
LABA	Long-acting beta-agonists	Salmeterol, formoterol, indacaterol
LAMA (better at reducing exacerbations than LABAs if you have a choice)	Long-acting muscarinic antagonists	Tiotropium, aclidinium, umeclidinium, glycopyrrolate, revefenacin

Exacerbations

- Any increase in dyspnea, sputum production that result in a change in medication
 - Increase in dyspnea, increase in sputum, increase in purulence
 - 2 of 3 → moderate to severe → abx
 - 1 of 3 → mild, prednisone only
- Treatment: SABA/SAMA, prednisone 40mg PO daily x 5 days +/- abx

- Antibiotics: 3-7 days if indicated (Signs and symptoms of pneumonia are present)
 - **Uncomplicated:** macrolide (azithromycin), 2nd/3rd gen cephalosporin (cefdinir), doxycycline or trimethoprim-sulfamethoxazole
 - **Complicated:** Age >65 years, FEV1 < 50%, >2 exacerbations/yr, known cardiac disease
 - Amoxicillin-clavulanate or fluoroquinolone
 - **Risk for pseudomonas:** If hospitalized in last 3 mos, colonization or treatment for pseudomonas, frequent abx in last year, comorbid bronchiectasis
 - Ciprofloxacin & need sputum culture/gram stain

App: GOLD 2021 Pocket Guide - [Android](#) & [iPhone](#)

