

COPD Transition of Care Discharge Checklist

This checklist is based on the GOLD 2024 Report and can serve as a resource to help standardize patient discharge following a COPD hospitalization.

Continuity of Care

- Patient and/or caregiver received discharge instructions
- Discharge summary shared with follow-up Health Care Professional(s)

Outpatient Follow-up

Post discharge COPD medical follow-up scheduled with:

- Primary Care Provider
- Pulmonologist
- Other: _____
- Pulmonary rehabilitation prescribed** (including referral and information on local rehabilitation providers), *if applicable*

Pharmacological Treatment

Rescue

Maintenance

- LAMA+LABA* Add on roflumilast, *if appropriate*
- ICS+LAMA+LABA* Add on azithromycin, *if appropriate*
- Other _____
- Patient demonstrated correct inhaler and/or nebulizer technique
- Patient understands withdrawal of acute medications (oral corticosteroids and/or antibiotics), *if applicable*
- Patient provided affordability information (eg, co-pay savings, savings websites, patient assistance program), *if applicable*

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Discontinue Smoking

- Patient offered nicotine replacement options and/or additional resources/support for smoking cessation

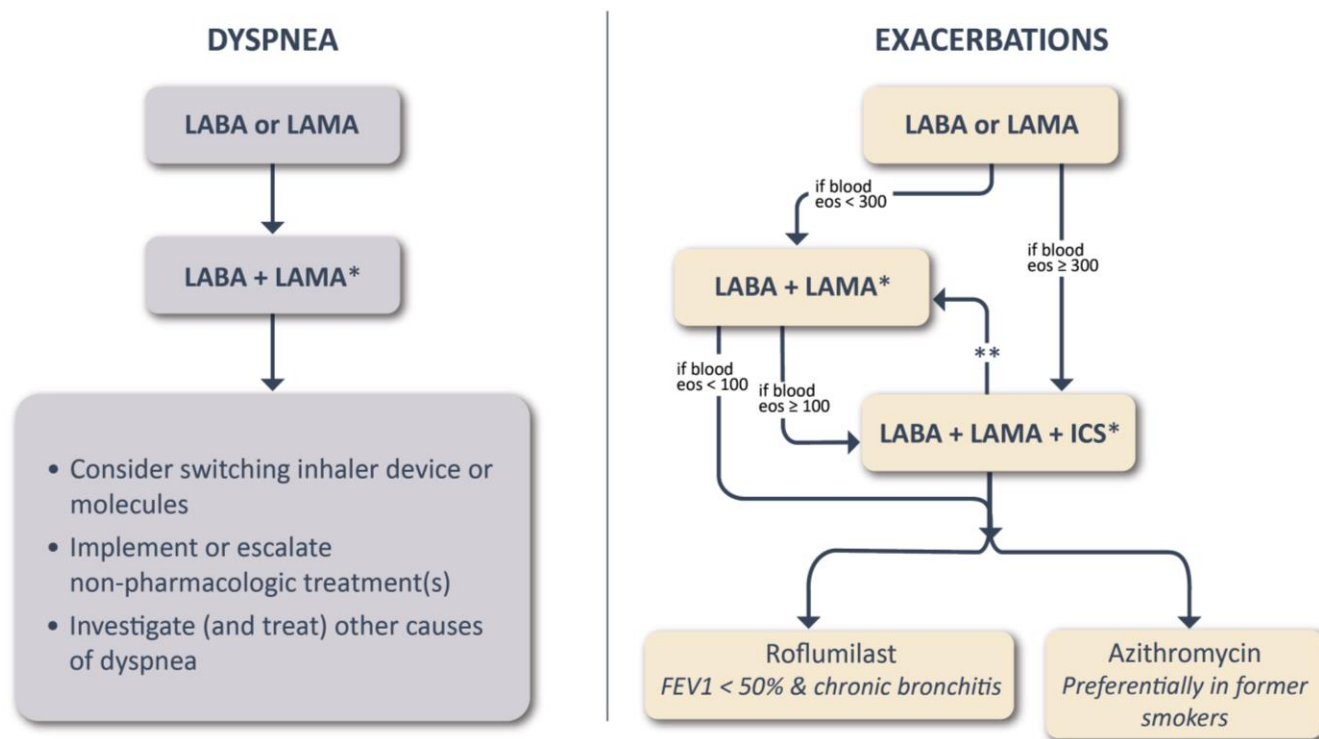


Initiation of pharmacological treatment for newly diagnosed patients: LAMA+LABA* is the preferred choice and ICS+LAMA+LABA* can be considered if blood eos ≥ 300 cells/ μ L

For patients treated with ICS+LABA who have further exacerbations: treatment should be escalated to ICS+LAMA+LABA*

Follow-up Pharmacological Treatment

- 1 IF RESPONSE TO INITIAL TREATMENT IS APPROPRIATE, MAINTAIN IT.
- 2 IF NOT:
 - Check adherence, inhaler technique and possible interfering comorbidities
 - Consider the predominant treatable trait to target (dyspnea or exacerbations)
 - Use exacerbation pathway if both exacerbations and dyspnea need to be targeted
 - Place patient in box corresponding to current treatment & follow indications
 - Assess response, adjust and review
 - These recommendations do not depend on the ABE assessment at diagnosis



*Single inhaler therapy may be more convenient and effective than multiple inhalers; single inhalers improve adherence to treatment;

**Consider de-escalation of ICS if pneumonia or other considerable side-effects. In case of blood eos ≥ 300 cells/ μ L de-escalation is more likely to be associated with the development of exacerbations. Exacerbations refer to the number of exacerbations per year.

COPD = chronic obstructive pulmonary disease; eos = blood eosinophil count in cells/ μ L; FEV₁ = forced expiratory volume in 1 second; GOLD = Global Initiative for Chronic Obstructive Lung Disease; ICS = inhaled corticosteroid; LABA = long-acting β_2 -agonist; LAMA = long-acting muscarinic antagonist. Reference: Global Initiative for Chronic Obstructive Lung Disease (GOLD). Global strategy for the diagnosis, management and prevention of COPD (2024 report). GOLD website. Accessed November 14, 2023. <https://goldcopd.org/2024-gold-report/>

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