

Obstructive lung disease (Breathlessness)

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Metric
1.6 Escalation thresholds & decision aids
 Suspect asthma / COPD
 Targeted screening

1.7 Red Flags
 Acute / severe SOB, chest pain, weight loss, haemoptysis

1.1 Symptom Description
 Breathlessness, ↓ exercise tolerance; wheeze / chest tightness; chronic cough; sputum production; frequent episodes of "bronchitis" or "chest infection"; fatigue

1.2 Burden of disease
 COPD prevalence: 1.43% of the population
 Asthma prevalence: 5.8% of the population
 Further details in supplementary information

1.3 Self Assessment & Self Care
 Self initiated assessments (questionnaire/testing). Seek medical advice if symptomatic (see 1.1). Smoking cessation, activity and good diet, flu and pneumonia vaccination (>65 years). Awareness of environmental triggers

1.4 Primary Prevention
 Population and opportunistic advice: Smoking prevention (incl children) & cessation. NICE guidance (<http://www.nice.org.uk/PHI001>)
 Limiting occupational exposure



2.5 Review and ongoing care
 Long term condition mgmt as per personal health action plan. Medicine adherence review, physio, psychotherapy, dietetics. Global quality of life (eg EQ5D / SF36). PROMS in devt. Adv. plan for end of life care (where approp.). Pt empowering, Case navigator, exacerbation plan.

2.0 Primary Assessment
 (General Practice, Community Clinics)
 Review symptom history (incl childhood history), & variability, family and occupational history, co-existing conditions (e.g. heart disease, rhino-sinusitis and reflux). Quantify severity and exacerbation frequency. Opportunistic / targeted screening and case finding for COPD.

2.1 Decision making in conjunction with patient wishes

2.2 Diagnostics (Dx)

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| 2.2.1 Patient Impact Assessment Questionnaire MRC score, RCP / ACT, depression, ADL | 2.2.2 Imaging & Echo Chest radiograph, Echo | 2.2.3 Path. FBC, U&Es, T4, sputum microbiology, skin prick test, Alpha 1 antitrypsin (specific indications) | 2.2.4 phys meas Spirometry (flow volume curves), ECG, Serial PEFr, oximetry |
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2.3 Shared decision making based on diagnosis, severity and patient wishes

2.4 Personal health action plan, Tx & register

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| 2.4.1 Self Care Information pack for asthma / COPD, exercise, lifestyle, advice & symptom monitoring | 2.4.2 Non-Pharm. Tx Structured & supervised pulmonary rehab. Structured education, information and smoking cessation support | 2.4.3 Medication according to severity and NICE, BTS/SIGN guidelines. Flu and pneumonia vaccination. Med. Mx | 2.4.4 Management of exacerbation Agreed health action plan and standby medication, support and advice from specialist | 2.4.5 Carer and family support significant carer, local services | 2.4.6 Social & occupational care Intermediate care team Housing, Finance, Equip, Employment Benefits, DLA |
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Metric
2.6 advice / Tx by specialist
 Suboptimal response, diagnostic difficulties, Remote advice/guidance

2.7 Red Flags
 as 1.7 plus abnormal CXR (Ca?), disprop symptoms

3.0 Specialist Assessment
 (polyclinics, community spec., spec. rooms) Review primary mgmt. Identify pt concerns & expectation. Multidisciplinary spec. assess., incl full review of current therapy for asthma/ COPD/ bronchiectasis, psychology, exacerbation freq., severity & adms, any resp. failure. Access end of life services (where approp)

3.1 Decision making in conjunction with patient wishes

3.2 Diagnostics (Dx)

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| 3.2.1 Patient impact assessment MRC score, RCP / ACT score, anxiety/ depression, ADL | 3.2.2 Imaging & Echo Chest radiograph, CT, CTPA/ VQ, Echo, bone density | 3.2.3 Path. Sputum microbiology, aspergillus precipitans Others(see supp info) | 3.2.4 Phys. meas. As 2.2.4 plus Full lung function, bronchial challenge, blood gas & other tests |
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3.3 Shared decision making based on diagnosis, severity and patient wishes

3.4 Personal health action plan, Tx & register

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| 3.4.1 Self Care Supported self care according to personal health action plan | 3.4.2 Non-Pharm Tx As 2.4.2 plus Case Management, advanced planning & CBT | 3.4.3 Medication according to severity and NICE, BTS/SIGN guidelines. Flu and pneumonia vacc. Med. Mx. Home oxygen | 3.4.4 Management of exacerbation Agreed health action plan and standby medication, support and advice from specialist | 3.4.5 End of Life care includes advance care planning | 3.4.6 Social & Occupational Care Intermediate care team Housing, Finance, Equip, Employment Benefits, DLA |
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3.5 Review and ongoing care
 as 2.5 but re-inforce self management, regular reviews and case management. Advance planning for end of life care (where appropriate).

Metric
3.6 Needs supraspecialist assess
 Early ass. for surgery, Resp. failure, ? occupational asthma, inpatient care

3.7 Red Flags
 As 2.7 plus sudden extreme SOB, confusion, toxicity, sleep dis.

4.0 Supraspecialist Assessment
 (specialist hospitals or services). Assessment of symptoms and disease progression. Complex respiratory investigations, ventilatory support, both for acute therapy (non-invasive (NIV) and invasive), home NIV and for surgical interventions for COPD & bronchiectasis

4.1 Decision making in conjunction with patient wishes

4.2 Diagnostics (Dx)

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| 4.2.1 Patient Impact Assessment As 3.2.1 | 4.2.2 Imaging & Echo Chest radiograph, CT, Echo, Nuclear scan, bone density | 4.2.3 Path. Arterial blood gases, CRP, FBC, Immuno-def, sputum, other (see supp info) | 4.2.4 Phys. meas. 3.2.4 plus CP exercise test, spec. bronchial challenge, other (see supp info) |
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4.3 Shared decision making based on diagnosis, severity and patient wishes

4.4 Personal health action plan, Tx & register

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|--|--|--|---|---|--|
| 4.4.1 Self Care Information pack for asthma / COPD, exercise, lifestyle, advice & symptom monitoring | 4.4.2 Non-Pharm Tx As 3.4.2. plus dom. NIV, active control of breathing, Anxiety mgmt, CBT, speech Tx, Physio Tx | 4.4.3 Medication and devices As 3.4.3 plus home oxygen, home IV antibiotics, home NIV, SC bronchodilator Omaizumab | 4.4.4 Management of exacerbation As 3.4.4 plus review post acute NIV or critical care | 4.4.5 End of Life care includes advance care planning | 4.4.6 Specialist elective treatment transplantation, LVRS, other (see supp info) |
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4.5 Review and ongoing care
 As 3.5 plus post exacerbation review by specialist team within one month. Review requirement for further pulmonary rehab. Planned re-assessment of long term ambulatory oxygen Tx

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