Institution:

Validity period:

CLINICAL SITUATION OR TARGET POPULATION

Person known to have chronic obstructive pulmonary disease (COPD) that has been confirmed by post-bronchodilator spirometry, with an absolute FEV1/FVC ratio < 0.7

**AND**

Who presents with an acute exacerbation of COPD (AECOPD), i.e., for more than 48 hours but less than 14 days, cough and sputum changes (quantity and/or color) that may or may not be associated with an increase in dyspnea beyond the usual daily variations associated with underlying COPD

**AND**

If a presumed bacterial[[1]](#footnote-2) AECOPD that is moderate to severe, with a low risk of therapeutic failure or complications:

* Fewer than two AECOPD episodes a year, with none requiring hospitalization **AND**
* FEV1 > 50% **AND**
* Comorbidity with limited risk of complications – *risk considered high if unstable heart disease, class III or IV heart failure, lung cancer or other significant respiratory disease, such as pulmonary fibrosis, bronchiectasis or pneumonia* **AND**
* Person in an ambulatory setting

Authorized HEALTH ProfessionALs oR OTHER AUTHORIZED persons CONCERNED BY THIS PRESCRIPTION[[2]](#footnote-3)

* *Healthcare facilities that wish to draft collective prescriptions for initiating pharmacological treatment for an acute exacerbation of chronic obstructive pulmonary disease using this template* ***must specify in this section the health professional(s) or groups of health professionals*** *who can execute this prescription. The instruction in italics (!)* *must then be deleted from the version that will be made available.*

contrAindications TO USING THIS PRESCRIPTION

* A recent history (< 3 months) of *Clostridioides difficile* diarrhea or colitis
* Patient hospitalized or whose condition requires hospitalization when the acute exacerbation occurs
* The possibility of another medical condition that shares some similarities with an AECOPD
* A risk of antibiotic resistance, e.g., a recent hospitalization, antibiotic use in the past three months, methicillin-resistant *Staphylococcus aureus* (MRSA) colonization documented in the chart
* Use of this collective prescription for the same person within 6 months
* Same contraindications as those listed in Québec national medical protocol No. 628007, namely:

**Special population or situation**

* Pregnancy
* Undiagnosed COPD
* A contraindication to the use of all first-line antibiotics recommended for the treatment of a presumed bacterial AECOPD

**Clinical presentation suggestive of a severe AECOPD**

* Hypoxemia or hypercapnia requiring oxygen therapy or noninvasive ventilation
* Persistent tachypnea, dyspnea at rest, oxygen saturation < 92% in a person not known to be hypoxemic and who has stable COPD
* The use of accessory muscles, paradoxical breathing, abnormal breath sounds or breath sounds superimposed on underlying COPD

**High risk of therapeutic failure or complications if the AECOPD is presumed bacterial**

* Major established comorbidities: unstable heart disease, class III or IV heart failure, lung cancer, bronchiectasis, pneumonia, idiopathic pulmonary fibrosis
* Two or more AECOPD requiring oral corticosteroids or antibiotics in the past year
* Previous positive sputum culture result for *Pseudomonas aeruginosa* or another Gram-negative bacterium
* One or more hospitalizations for an AECOPD in the past year
* FEV1 < 50%

QUÉBEC’S NATIONAL MEDICAL PROTOCOL

Refer to Québec’s national medical protocol [No. 628007](https://www.inesss.qc.ca/fileadmin/doc/INESSS/Ordonnances_collectives/EAMPOC/INESSS_Protocole-ajustement_ou_traitement_EAMPOC_VA.pdf), written by the Institut national d’excellence en santé et en services sociaux and available on its website, when executing this prescription.

LIMITS OR SITUATIONS WHERE A CONSULTATION WITH AN AUTHORIZED PRESCRIBER IS MANDATORY[[3]](#footnote-4)

**When assessing the patient’s medical condition**

* Special population or situation
* Chronic oral corticosteroid therapy
* Immunocompromised individual

**During or after treatment**

* Worsening of the signs and symptoms of the exacerbation, or worsening of the patient’s overall health after the start of treatment
* The emergence of a contraindication, intolerance or allergic reaction to the medication during treatment
* The persistence of signs and symptoms at the end of antibiotic therapy
* Bacterial culture results indicating
* Antibiotic resistance to all first-line treatments
* An infection due to *P. aeruginosa* or another Gram-negative bacterium

documenting

Complete the community pharmacist liaison form. If need be, consult the template provided in the section entitled “[Medical protocols and related prescriptions](https://www.inesss.qc.ca/en/themes/medicaments/medical-protocols-and-related-prescriptions/medical-protocols-and-related-prescriptions.html)” on INESSS’s website.

identification OF AUTHORIZED RESPONDING PRESCRIBER

* *Healthcare facilities that wish to draft a collective prescription using this template* ***must specify in this section the mechanism of identification the responding prescriber****, whose name must be provided on the liaison form when individualizing this collective prescription. The instruction in italics (!) must then be deleted from the version that will be made available.*

IMPLEMENTATION PROCESS

1. **DEVELOPMENT OF CURRENT VERSION** **(identification of the physician or physicians concerned and of the persons responsible, if applicable)**
2. **VALIDATION OF CURRENT VERSION (of the physician or physicians concerned and of the persons responsible, if applicable)**
3. **APPROVAL OF CURRENT VERSION BY THE REPRESENTATIVE OF THE INSTITUTION’S CPDP**

Last name: First name:

Signature: Date:

1. **APPROVAL OF CURRENT VERSION BY THE SIGNING PHYSICIANS (NON-INSTITUTIONAL)**

| Last and first name | Licence number | Signature | Telephone | Fax |
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1. **REVIEW**

Effective date:

Date of last review (if applicable):

Scheduled date of next review:

1. An AECOPD is presumed to be bacterial if there is a change in the sputum (purulence) AND if at least one of the following two criteria applies: increased dyspnea OR increased sputum volume. There is generally no fever. [↑](#footnote-ref-2)
2. The authorized health professional or other authorized person must be sure to have the necessary qualifications to execute this prescription (e.g., training). [↑](#footnote-ref-3)
3. Depending on the activities reserved by law or regulation, as well as the ease and skills of the authorized professional who applied the collective prescription, an authorized prescriber may be required in the presence of the limits and situations listed above for the continuation of clinical management or as a precautionary principle. [↑](#footnote-ref-4)