

COLLECTIVE PRESCRIPTION

Initiation of pre- and post-bronchodilator spirometry test with salbutamol in person with symptoms and signs indicative of chronic obstructive pulmonary disease (COPD)

N° 888052

Name of the establishment:

Effective date:

Date of last revision (if applicable):

Scheduled date for the next revision:

Reference to a protocol (if applicable):

CLINICAL SITUATION OR TARGET POPULATION

Adult at risk for chronic obstructive pulmonary disease (COPD) presenting with respiratory symptoms.

INDICATIONS

A person **40 years of age and older** who presents with **at least one of the following main** symptoms indicative^{1,2} of COPD:

- ▶ Dyspnea OR
- ▶ Chronic cough OR
- ▶ Chronic sputum production

AND **at least one** of the following main risk factors for COPD:

- ▶ Current or past tobacco smoking (**primary risk factor**) OR
- ▶ Regular inhalation, past or present, of any type of smoke (e.g., cannabis, cigarillo, shisha) OR
- ▶ Prolonged exposure, past or present, to particles or gases, such as second-hand tobacco smoke, biomass from cooking or heating, and occupational dust or chemical compounds

LOCATION OF SERVICES

Specify the **sector(s)** (e.g., obstetrics, home care) or the **institution(s)** affiliated with an institution (e.g., CLSC, CHSLD, hospital) or **external location(s)** (FMG, private clinic, community pharmacy).

AUTHORIZED HEALTH PROFESSIONAL(S) OR OTHER AUTHORIZED PERSON(S)

! Any institutions that intend to write collective prescriptions authorizing the initiation of spirometry testing in presence of symptoms and signs of chronic obstructive pulmonary disease using this model **must specify here the professionals or groups of professionals** authorized to carry out this prescription. The italicized directive (!) must then be removed from the final published version.

Example: Nurse clinicians who have completed training "x" available on the Digital Learning Environment (DLE) website

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¹ The presence of at least one main suggestive symptom WITHOUT at least one main risk factor OR a clinical presentation indicative of COPD in a person under 40 years of age, requires special attention and may warrant further investigation. This situation requires a referral to an authorized prescriber.

² The presence of symptoms and signs indicative of a decompensated cardiovascular or pulmonary condition is a warning and requires appropriate management by an authorized prescriber.

PROFESSIONAL ACTIVITY OR ACTIVITIES CONCERNED

The collective prescription must specify the activity or activities reserved for authorized professionals covered by the prescription. A list of activities that may be performed under a collective prescription is available on the Collège des médecins du Québec website [Tableau des professionnels et intervenants pouvant répondre à une OC](#)

- ▶ Initiate³ diagnostic procedures as authorized by a prescription

CONTRAINDICATIONS

CONTRAINDICATIONS AS THOSE SPECIFIED IN NATIONAL MEDICAL PROTOCOL [NO. 888052](#):

- ▶ Unstable cardiovascular or pulmonary condition⁴
- ▶ Functional technical limitation (e.g., tracheostomy)
- ▶ Care objective D⁵

ADDITIONAL CONTRAINDICATIONS SPECIFIC TO THE AUTHORIZED PROFESSIONALS CONCERNED:

- ▶ Difficulty understanding simple instructions or cooperating with medical staff
- ▶ Care objective C⁶
- ▶ Person **under 40 years of age** with at least one symptom indicative of COPD and at least one main risk factor⁷
- ▶ Ambient oxygen saturation below 92% (and/or a variation greater than 3%, if known) accompanied by other symptoms of instability⁸
- ▶ A history of paradoxical bronchospasm or severe allergic reaction (rare) that occurred during previous use of salbutamol OR other situations requiring an alternative to salbutamol for performing post-BD spirometry.

QUÉBEC'S NATIONAL MEDICAL PROTOCOL

Refer to National Medical Protocol [No. 888052](#) of the Institut national d'excellence en santé et en services sociaux which is in force and available on its website at the time this order is applied.

DOCUMENTS

Depending on how the services where the spirometry will be performed are organized, a prescription for salbutamol may be required for post-BD spirometry. If so, provide a [liaison form](#) for the community pharmacy. If this does not apply, this section should be deleted.

³ In this prescription model, the term "initiate" refers to the process leading to the request for a pre/postbronchodilator spirometry test.

⁴ Condition requiring urgent acute care.

⁵ Care objective D: ensure comfort only without aiming to prolong life → unjustified clinical relevance of prescribing a pre/postbronchodilator spirometry test to confirm COPD.

⁶ Care objective C: ensure comfort as a priority to prolong life → clinical relevance to be judged on a case-by-case basis by an authorized prescriber.

⁷ Unusual clinical presentation requiring evaluation by an authorized prescriber.

⁸ Requires acute care or evaluation by an authorized prescriber.

LIMITATIONS OR SITUATIONS REQUIRING MANDATORY CONSULTATION

This is to outline potential limitations, precautions and circumstances in which the responding professional should be contacted. For example, it may specify how many times an activity can be performed before the responding professional or authorized person must be notified.

- ▶ A history of severe reactions that occurred during previous use of salbutamol (e.g., paradoxical bronchospasm or an allergic reaction [rare]) OR other situations requiring an alternative to salbutamol for performing post-BD spirometry.
- ▶ Follow-up of spirometry results:
 - Ensure that pre- and post-bronchodilator results are interpreted by a specialized nurse practitioner (SNP) or physician for diagnostic purposes.
- ▶ Any condition or disease that is known to be decompensated or requires vigilance, or any suspected undiagnosed condition that requires consultation or clinical management by another health care professional (e.g., physician, SNP, pharmacist).⁹
- ▶ Presence of hemoptysis (regardless of amount of blood) or any other symptom or sign identified during assessment that is concerning or potentially serious (e.g., unexplained significant weight loss or loss of appetite).

MODE OF COMMUNICATION

Indicate, where applicable, the preferred method of communication for exchanges between the prescribing professional (physician and SNP) and the professional or authorized person designated in the CP for sharing essential information.

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REFERENCE TOOLS AND SOURCES

List the primary references used in developing the collective prescription, including relevant protocols, guidelines and reference documents.

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IDENTIFICATION OF THE PRESCRIBING PROFESSIONAL

Institutions that intend to write a collective prescription based on this template must specify the mechanism for identifying the prescribing physician or SNP in this section.

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⁹ Certain cardiovascular or pulmonary conditions may complicate interpretation of results or prevent spirometry test if they remain unstable (uncontrolled) at the time of testing.

IDENTIFICATION OF THE RESPONDING PROFESSIONAL

This section should help the professional or authorized person implementing a collective prescription to identify the responding professional(s) or establish a mechanism for doing so.

Example: the physician or SNP on call at the FMG walk-in consultation



IMPLEMENTATION PROCESS

1. DEVELOPMENT OF CURRENT VERSION

Identification of the physician(s), the SNP and the collaborating professionals concerned. It is important to identify, at the outset of the development of the CP, all professionals who will implement it.

2. VALIDATION OF CURRENT VERSION

Identification of the persons responsible to their reserved professional activities.

3. APPROVAL OF CURRENT VERSION IN THE INSTITUTION

Signed by the representative of the Council of Physicians, Dentists, Pharmacists and Midwives (CPDPM) when a physician serves as prescribing and responding professional.

Signed by the director of nursing (DN), if the SNP is a prescriber and a respondent.

! *The CP must be signed by both the representative of the CPDPM and the DN when it involves the participation of both parties.*

Council of Physicians, Dentists, Pharmacists and Midwives (CPDPM) Representative

Name:

First name:

Signature:

Date:

Director of Nursing (DN)

Name:

First name:

Signature:

Date:

4. APPROVAL OF CURRENT VERSION OF EXTERNAL LOCATION

Signed by each of the prescribers for whom the collective prescription can be applied to their patients.

Last and first name	Licence number	Signature	Telephone