



## Objectives: Chronic Obstructive Pulmonary Disease

1. In all patients presenting with symptoms of prolonged or recurrent cough, dyspnea or decreased exercise tolerance, especially those who also have a significant smoking history, suspect the diagnosis of chronic obstructive pulmonary disease (COPD).
2. When the diagnosis of COPD is suspected, seek confirmation with pulmonary function studies (e.g. FEV-1).
3. In patients with COPD, use pulmonary function tests to periodically document disease progression.
4. Encourage smoking cessation routinely and often in all patients diagnosed with COPD.
5. Offer appropriate vaccinations to all patients diagnosed with COPD (e.g. influenza, pneumococcal vaccines).
6. In a stable patient with COPD, offer appropriate inhaled medications for treatment (e.g. anticholinergics/bronchodilators, steroids).
7. Refer appropriate patients with COPD to other health care professionals (e.g. a respiratory technician or pulmonary rehabilitation physiotherapist) to enhance quality of life.
8. When treating patients with acute exacerbations of COPD, rule-out co-morbidities (e.g. myocardial infarction, congestive heart failure, systemic infections, anemia).
9. In patients with end-stage COPD, consider palliative treatment options and evaluate the patient's wishes regarding aggressive interventions.

\*\* Mapped to the CFPC's 105 priority topics: #15-COPD