

# EXHALE ACADEMY CSE CHEAT SHEET #9

## COPD CRITICAL CARE

### RECOGNIZE EXACERBATION

- Increased dyspnea, cough, sputum, wheezing, chest tightness.
- Tachypnea, tachycardia, accessory muscle use.
- Change in sputum color suggests infection.
- Mental status change suggests worsening ventilation.

### GATHER

- Vital signs, SpO<sub>2</sub>, work of breathing.
- ABG to evaluate pH and PaCO<sub>2</sub> trend.
- CXR for infiltrate, pneumothorax, edema, other cause.
- Sputum/CBC if fever or purulent secretions.

### BASIC MANAGEMENT

- Controlled oxygen target commonly around SpO<sub>2</sub> 88-92%.
- Increase short-acting beta agonist therapy.
- Add inhaled anticholinergic.
- Systemic steroids.
- Antibiotics only with infection clues such as purulent secretions/fever.

### NPPV THINKING

Use BiPAP when ventilation is failing but the patient can protect the airway and tolerate the mask.

- Increase IPAP to improve ventilation/CO<sub>2</sub> removal.
- Use EPAP to support oxygenation/airway pressure.
- Allow enough expiratory time to prevent air trapping.

### ESCALATE IF

- pH keeps falling or PaCO<sub>2</sub> keeps rising.
- No improvement after a reasonable BiPAP trial.
- Respiratory rate remains very high.
- Mental status worsens or airway protection is poor.

### EXHALE MEMORY LINE

**COPD exacerbation: controlled oxygen + bronchodilators + steroids; BiPAP if failing; intubate if deteriorating.**