Chronic obstructive pulmonary disease (COPD) is an irreversible airway obstruction disease predominantly caused by smoking (NICE 2010). It is an umbrella term which covers 3 conditions; chronic bronchitis, emphysema and chronic asthma (Barnett, 2009). Within the UK it is estimated that 3 million people have COPD (NICE, 2010) and many more have yet to be diagnosed. This has highlighted the growing need for accurate diagnosis and management of COPD within the primary care setting.

In my practice area the provision of a nurse led primary care service was commissioned for COPD patients with the aim of improving self-management of COPD and reducing hospital admissions. Through this essay I am going to analyse and evaluate the management of a patient with a specialist nurse led pathway focusing on pulmonary rehabilitation and self-management.

In accordance to the NMC Code of Conduct (NMC, 2008) before writing this essay I have gained consent from the patient to write about their experience (consent form attached) and to maintain confidentially throughout the essay I will refer to the patient with the pseudonym, Jack Brown.

The patient, Jack Brown, attended a clinic appointment for an initial assessment. At this first contact with the patient it is essential that appropriate history taking is performed to clarify presenting symptoms, past history and the patient's expectations to focus and plan person centred nursing care (Fawcett & Rhynas, 2012). Jack is a 70 year old gentleman, of White British origin, who has recently been diagnosed with COPD during an admission to hospital with a lower respiratory tract infection. He is a retired builder from a working class background and has a history of heavy smoking, 40 pack years. He is presently smoking 20 cigarettes per day. He has noticed that since retirement 5 years ago he has been physically able do less but he had put this down to getting a bit older and being less active. Other symptoms he is experiencing include a chronic productive cough and noticeable shortness of breath on exertion, particularly inclines. These symptoms are often the first indicators that a
patient may have COPD and are a key pointer for healthcare professionals to investigate further (Lynes, 2007). He was given a Salbutamol inhaler a few years ago but had not been using this prior to admission. His previous medical history included gout, which is under control with medications. Over the past 12 months prior to diagnosis he has had treatment for 3 chest infections and on 2 of these occasions has gone to Accident and Emergency but was not kept in. Mr Brown expressed how distressing he is finding the sudden episodes of breathlessness on exertion and since discharge from hospital he has not been out with friends to play golf as he feels embarrassed about his condition.
Reflecting on this patient's experience, Mr Brown has received evidence based management to provide him with the knowledge and understanding to manage his COPD with the aim of preventing future unnecessary hospital admissions. This reflection shows that good COPD management can improve quality of life and confidence in managing the condition. I do however feel that Mr Brown's COPD could have been better managed if it had been identified sooner. Now we are piloting a new project, the COPD Discharge Bundle. This involves the community nurse reviewing and assessing COPD patients on the ward in the local hospital. The assessment including, education, referral to smoking cessation services, assessing suitability for pulmonary rehabilitation, inhaled medication review (including technique) and providing personalised self-management plans. The patients are then followed up in the community following discharge. Hopkinson et al (2011) stated that by introducing a care bundle, a standardised level of care should be delivered, and with effective support, follow up re-admission should reduce. We have found that this is a useful way of identifying patients that are not managing their COPD and supporting them appropriately and also finding patients who are newly diagnosed, in particular young people who may not always be seeking GP follow up. The downside of this project is at present we are only funded to review patients who are registered at a GP within the local borough and the hospital does have many COPD patient admissions who are outside of the catchment area so unfortunately they do not receive the same support. Ideally in the future funding may be available to cover this so that all patients can receive the best available level of supported care.