An acute exacerbation of COPD happens where there is a worsening of a resident’s typical symptoms including cough, sputum production, and increased shortness of breath that is beyond normal day-to-day variation. An exacerbation is most commonly caused by infection. These exacerbations can be dangerous for residents, so prevention, rapid recognition, and treatment are key to maintaining health and avoiding a burdensome trip to the ER.

A resident’s provider should be notified of any change in condition, especially if the resident has a chronic disease like COPD. Additionally, the provider should be notified if the resident has a drop in their O₂ saturation below 90%, has a fever, or has other abnormal vital signs. Wheezing, labored breathing, or increased respiratory rate can also be signs the resident is sick and the provider should be aware of new onset or worsening of any of these.

If the resident is diagnosed with a COPD exacerbation, the provider will likely order increased nebulizer or inhaler therapy to open their airways. Sometimes they may order an oral steroid to decrease inflammation. Additionally, oxygen therapy might be started or increased based on patient need. A course of antibiotics may be ordered if a bacterial infection is suspected. Finally, the provider will also likely order more frequent vital sign monitoring and nursing assessments to ensure worsening of the exacerbation is quickly identified. **It is important that COPD residents in an acute exacerbation are adherent to their oral medications and that inhalers and nebulizers are used consistently and correctly.**

To monitor the effectiveness of treatment, it is important that vital signs and assessments are completed and recorded throughout the entire time of treatment. Monitoring resident’s symptoms, lung sounds, and oxygen saturation can provide essential information about whether or not a treatment plan is working. Further, the resident should be monitored for any adverse reaction to medications. If the patient is experiencing worsening shortness of breath, chest pain, or palpitations during breathing treatments, or white material is noticed on the tongue, the physician should be notified. These may be a sign of drug side effects or complications. If the patient is on antibiotic treatment, they should be assessed for new acute complaints and potential adverse reactions regularly.