



Outpatient Workflow for the Diagnosis and Management of COPD

1

First Office Visit for Suspected COPD

Shortness of breath, activity limitations, cough, sputum or wheeze with risk factors

Confirm with Spirometry

FEV1/FVC < 0.7 post bronchodilator confirms diagnosis

Trial of SABA/SAMA

Albuterol, Ipratropium MDI or nebulizer(s)

Preventative Care

Smoking cessation, vaccinations, cancer screening

Teach Inhaler Usage

FEV1 < 50% and symptoms limiting activities; referral to pulmonary rehab and consider step 2 recommendations

Check for AATD with AAT level +/- phenotype

Only needs to be done once per lifetime

2

Follow-up Visit

No symptoms and active, continue care

Dyspnea that limits activity or exacerbations

Discuss preventative measures (smoking cessation, immunizations, exercise, diet)

Re-evaluate inhaler technique; consider switching inhalers or in training device

Add a LAMA (or LABA if can't tolerate LAMA) or consider LABA/LAMA

Return in 3-6 weeks to re-evaluate

No symptoms or exacerbations, continue care

Symptoms are persistent or using LABA/LAMA and SABA/SAMA more than 2-3 times per week.

Exacerbations are occurring or using LABA/LAMA and SABA/SAMA more than 2-3 times per week.

Re-evaluate inhaler technique; consider switching inhalers or training device.

Consider advancing to triple therapy with LABA/LAMA/ICS

3

Return in 3-6 weeks to re-evaluate

No symptoms or exacerbations, continue care

Symptoms or exacerbations or using LABA/LAMA and SABA/SAMA more than 2-3 times per week

Evaluate inhaler technique; consider switching inhalers or in training device

Exacerbations persist

Consider referral to a pulmonologist if failing LABA/LAMA/ICS therapy

Consider roflumilast (FEV1 < 50%)

Consider azithromycin 250 mg daily if not smoking

AAT: alpha-1 antitrypsin
 AATD: alpha-1 antitrypsin deficiency
 ICS: inhaled corticosteroids
 LABA: long acting beta agonist
 LAMA: long acting muscarinic antagonist
 SABA: short acting beta agonist
 SAMA: short acting muscarinic antagonist