

## **2.12 An Audit on Compliance with COPD Guidelines in Midlands Regional Hospital, Tullamore**

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COPD represents a significant burden on our health service and is responsible for more deaths than any non-respiratory cancer. GOLD (2023) advises that forced spirometry is mandatory to establish a diagnosis of COPD. We aimed to assess compliance with GOLD and BTS guidelines in our institution.

A retrospective review was carried out of patients admitted in 2022 with a HIPE coded diagnosis of AECOPD. A chart review was carried out on 20 patients and information gathered on a) background history, b) assessments and investigations, c) initial management and d) management on discharge. A further 177 patients were reviewed specifically to ascertain if they had ever had PFTs.

Of the 197 patients, 23% had ever had Spirometry to establish a diagnosis of COPD. 55% of patients were initially placed on IV hydrocortisone for a median of 4 days. The median cumulative steroid dose was 275mg prednisolone equivalent. 55% of patients were treated with IV antibiotics. 65% of patients were reviewed by the Respiratory CNS prior to discharge. 0 patient were referred for pulmonary rehab on discharge.

This audit demonstrates several areas for improvement, particularly with respect to the high frequency of IV steroid use in AECOPD which we plan to address with education sessions. This audit also demonstrates the need for an on-site PFT service in MRHT.