Complete Summary

GUIDELINE TITLE

Chronic COPD.

BIBLIOGRAPHIC SOURCE(S)

Texas Tech University Managed Health Care Network Pharmacy & Therapeutics Committee. Chronic COPD. Conroe (TX): University of Texas Medical Branch Correctional Managed Care; 2003 Apr. 7 p. [3 references]

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Texas Tech University Managed Health Care Network Pharmacy & Therapeutics Committee. Chronic COPD. Conroe (TX): Texas Department of Criminal Justice, University of Texas Medical Branch; 2002 Apr. 3 p.

COMPLETE SUMMARY CONTENT

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SCOPE

DISEASE/CONDITION(S)

Chronic obstructive pulmonary disease (COPD)

GUIDELINE CATEGORY

Evaluation
Management
Treatment

CLINICAL SPECIALTY

Family Practice
Internal Medicine
Pulmonary Medicine

INTENDED USERS

Health Care Providers
Pharmacists
Physicians

GUIDELINE OBJECTIVE(S)

To present recommendations for the management and treatment of chronic obstructive pulmonary disease (COPD) in incarcerated offenders within the Texas Department of Criminal Justice

TARGET POPULATION

Incarcerated offenders within the Texas Department of Criminal Justice with chronic obstructive pulmonary disease (COPD)

INTERVENTIONS AND PRACTICES CONSIDERED

1. Initial evaluation of symptoms and results of complete spirometry
2. Pharmacologic treatment
    - Beta2 selective agonist inhaler (Albuterol)
    - Anticholinergic inhaler (Ipratropium bromide)
    - Oral corticosteroid (Prednisone)
    - Inhaled corticosteroid (Triamcinolone)
3. Patient education on inhaler use and scheduled dosing
4. Periodic evaluation
    - Peak flow and spirometry
    - Medication and dosage adjustments, as necessary
5. Referral to specialist as indicated

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Not stated

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not applicable

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The major recommendations are presented in the form of an algorithm: Chronic Obstructive Pulmonary Disease (COPD), (Ambulatory Subacute Treatment).

Refer to the original guideline document for classification of COPD by severity and patient education on the use of an inhaler.

CLINICAL ALGORITHM(S)

An algorithm is provided for: Chronic Obstructive Pulmonary Disease (COPD), (Ambulatory Subacute Treatment).

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

This guideline was adapted from the Executive Summary: Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease. Updated 2003. Available at: www.goldcopd.com/revised_es.pdf.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate management of chronic obstructive pulmonary disease (COPD) in incarcerated offenders within the Texas Department of Criminal Justice

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

The pathways do not replace sound clinical judgment nor are they intended to strictly apply to all patients.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

IMPLEMENTATION TOOLS

Clinical Algorithm

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

This guideline was adapted from the Executive Summary: Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease. Updated 2003. Available at: www.goldcopd.com/revised_es.pdf.

DATE RELEASED

1996 Sep (revised 2003 Apr)

GUIDELINE DEVELOPER(S)

University of Texas Medical Branch Correctional Managed Care - Academic Institution

SOURCE(S) OF FUNDING

University of Texas Medical Branch Correctional Managed Care

GUIDELINE COMMITTEE

Clinical Guidelines Committee on Asthma/COPD

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Committee Members: Glenda Adams, MD; Charles Adams, MD; Andrew Grant, MD; Renee Lenz, PharmD; Matthew Keith, RPh; William Givens, Resp Therapist

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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GUIDELINE AVAILABILITY

Print copies: Available from University of Texas Medical Branch (UTMB), 3009A HWY 30 West, Huntsville, TX, 77340.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on March 12, 2003. The information was verified by the guideline developer on March 24, 2003. This summary was updated by ECRI on April 21, 2004.

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