

NR 565 Week 6 Collaboration Café: CPGs Related to Respiratory Conditions

Last Name	Client From Week 6 Lesson
Q – U	Kia Tadesse

Describe your assigned client's situation. Why are they presenting to the clinic? What medications are they currently taking?

Two days ago, Kia Tadesse, a 67-year-old woman, was admitted to the hospital for a COPD exacerbation despite strictly adhering to current pharmacological therapy. The patient presents to the clinic for a follow-up appointment after being discharged yesterday. The patient states that she feels much better than when she was hospitalized and desires to prevent future severe COPD exacerbation. Last year, she was hospitalized and does not want to go through the same experience again. Kia's lab findings this morning include a plasma eosinophil count of ≥ 350 cells/ μL . Upon physical assessment by the NP, bilateral expiratory wheezes on auscultation with no retractions were revealed. Her social habits, which state that she quit smoking cigarettes one year ago and does not drink alcohol, have helped improve her present state of health. Additionally, her medical history indicates COPD and no allergies. The patient is currently on Olodaterol 2.5 mcg/Tiotropium 2.5 mcg (Stiolto Respimat) to puffs via inhalation once daily. During the physical examination, her vital signs were within normal limits except for her respiratory rate: her blood pressure is 125/80, her heart rate is 91, her respiration rate is 22, her oxygen saturation is 94% on room air, and her oral temperature is 98.6°F.

Assess the applicable clinical practice guideline (CPG) for your assigned client. What treatment is recommended by the CPG for your client's situation?

The Global Initiative for Chronic Obstructive Lung Disease (2023) clinical practice guidelines to control COPD. Triple inhaled therapy of long-acting beta-agonists (LABA), long-acting muscarinic antagonists (LAMA), and inhaled corticosteroids (ICS) improves lung functions, symptoms, and health status and reduces exacerbations. This is a beneficial effect of triple inhaled therapy in symptomatic COPD patients with a history of frequent and severe exacerbations. The CPG advises adding inhaled corticosteroids (ICS) such as budesonide (Pulmicort Flexhaler), 180 mcg/inhalation DPI, and taking two puffs via inhalation twice daily. As is Kia's situation, this guideline is crucial for patients with a history of severe exacerbations who have had two acute hospitalizations in two years and require the addition of inhaled corticosteroids (ICS) to their current medication therapy. The recommendations highlight patients who experience two or more episodes of severe COPD exacerbation and acute hospitalization in two years, regardless of strictly adhering to current pharmacological therapy. Kia meets these criteria because her labs from the case study show a plasma eosinophil count of ≥ 350 cells/ μL . Clinical practice guidelines recommend the use of a combination of a long-acting beta-agonist (LABA), long-acting muscarinic antagonists (LAMA), and an inhaled corticosteroid ICS as initial therapy in COPD patients with exacerbations and an eosinophilic profile of inflammation demonstrated by a concentration of blood eosinophils higher than