COPD Exacerbation

A/P

Patient reports they have had similar episodes in the past

Patients symptoms of increased dyspnea, cough, and mucus production are all consistent with AECOPD

Patient does not have hypoxia, signs of increased work of breathing, paradoxical breathing or altered mental status

Patients vitals are stable, no hypoxia or tachypnea at this time

Because patients exam and vitals are reassuring and they are hemodynamically stable, I believe the patient is stable at this time for outpatient treatment

Possible trigger for this event would include recent illness

Based on exam and history the patient likely does not have ARDS or pneumothorax at this time

No evidence of respiratory distress on exam

No concerns for ACS at this time as patients symptoms are more consistent with AECOPD and they are not experiencing any chest pain

-Duo Neb treatment in clinic

-Continue albuterol use at home

-Chest Xray ordered

-Doxycycline 100mg BID for 7 days

-Prednisone burst for 5 days

-Patient instructed to go straight to the ED if worsening shortness of breath or increased respiratory difficulty or if they develop chest pain

-F/U in 3-4 days with me to make sure they are improving on an outpatient basis

Above treatment recommendations are based on AAFP guide lines found at: https://www.aafp.org/pubs/afp/issues/2021/0700/od1.html#afp20210700od1-t3