

Management of COPD Exacerbations

GRADE recommendations on corticosteroids, antibiotics, noninvasive ventilation, site of care, and pulmonary rehabilitation timing for COPD exacerbations.

2017 ERS/ATS Guideline
Management of COPD Exacerbations
ERS/ATS Task Force · Eur Respir J
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GRADE

 Strong

 Conditional For

 Conditional Against

1 Definition & Scope

Exacerbation	Episode of increasing respiratory symptoms — particularly dyspnoea, cough, and sputum production — plus increased sputum purulence.
Impact	Negatively affects quality of life, accelerates disease progression, and can result in hospitalisation and death.

2 Corticosteroids & Antibiotics

Cond. Corticosteroids, ambulatory — short course (≤ 14 days) of oral corticosteroids.

Cond. Corticosteroids, hospitalised — oral rather than intravenous, if GI access/function intact.

Cond. Antibiotics, ambulatory — administer, selecting agent by local sensitivity patterns; episodes with purulent sputum most likely to benefit.

3 Noninvasive Ventilation & Site of Care

Strong NIV — hospitalised patients with acute or acute-on-chronic hypercapnic respiratory failure (respiratory acidosis; or severe dyspnoea with accessory muscle use, paradoxical abdominal motion, or intercostal retraction). Strong despite low-confidence evidence — panel consensus favors reduced mortality and intubation need.

Cond. Site of care — home-based management programme (hospital-at-home) for selected ED/hospital presentations without acidotic respiratory failure; favors reduced readmissions and improved patient satisfaction.

4 Pulmonary Rehabilitation Timing

WITHIN 3 WK AFTER DISCHARGE

Cond. Initiate — reduces hospital readmissions and improves quality of life.

DURING HOSPITALISATION

Cond. Do NOT initiate — associated with increased mortality.

Format note: "we recommend" = strong; "we suggest" = conditional. Condensed from Table 1 and the ERS/ATS recommendation statements.