OPTIMIZED COPD CARE CHECKLIST

Patient Name: _____ **Date:** __/__/____

Optimizing inhaler therapy

Step 1: Clinical Check (Complete during visit)

1. Diagnosis Confirmation

- ☐ COPD diagnosis documented.
- ☐ Spirometry on file (**Date**: __/__/____).
- ☐ Smoking/Exposure history documentation (tobacco, vaping, cannabis, occupational).

2. Symptom Assessment - Identify symptoms impacting quality of life (check all that apply):

- ☐ Breathlessness with activity.
- ☐ Declining exercise tolerance or fatigue.
- ☐ Chronic cough and sputum.
- ☐ Wheezing or chest tightness.
- ☐ Sleep disruption due to respiratory symptoms.
- ☐ Increasing frequency of rescue inhaler use.
- ☐ Other: _____

3. Exacerbation History (Past 12 Months)

- ☐ **Moderate:** Worsening symptoms requiring systemic corticosteroids and/or antibiotics. Count: ____
- ☐ **Severe:** Event requiring an Emergency Department (ED) visit and/or hospitalization. Count: ____

4. Current Maintenance Therapy

- ☐ **Monotherapy** (LAMA or LABA).
- ☐ **Dual therapy** (LAMA/LABA).
- ☐ **Triple therapy** (ICS/LAMA/LABA).
- ☐ **Other**: _____

5. Therapy Verification

- ☐ Optimal treatment for risk level. **High risk:** ⩾2 moderate OR ⩾1 severe exacerbation in the past 12 months.
- ☐ Inhaler technique checked (observed during visit).
- ☐ Adherence assessed.
- ☐ Access assessed (cost, coverage, medication availability).

Moderate exacerbation: Systemic corticosteroids and/or antibiotics | **Severe exacerbation:** ED visit and/or hospitalization

6. Biomarkers - Blood eosinophils value available (4 to 6 weeks away from prednisone treatment)

- ☐ **Highest value**: _____ Date: __/__/____
- ☐ **Most recent stable value:** _____ Date: __/__/____

Step 2: Clinical status

- ☐ **Not stable** - Optimize therapy.
- ☐ **Stable** (No exacerbations, low symptom burden and stable FEV_1).

Step 3: Book a reassessment

- ☐ **If not stable:** Reassess within 1 month.
- ☐ **If stable:** Reassess in 6 to 12 months.

Optimizing therapy to achieve the lowest possible disease activity

Step 4: Refer high-risk patients

Refer to respirology for assessment when the patient is currently on triple therapy (ICS/LAMA/LABA) AND has:

- ☐ High symptom burden.
- ☐ ⩾1 moderate OR ⩾1 severe exacerbation in the past 12 months.

Referral should include:

- ☐ Current COPD medications and inhaler devices.
- ☐ Date triple therapy was initiated.
- ☐ Spirometry date and key values.
- ☐ Exacerbation history (dates and severity).
- ☐ Key comorbidities and smoking status.
- ☐ Most recent eosinophil count (and prior if available).

References: Canadian Thoracic Society. Pharmacotherapy in Stable COPD. 2023; Global Initiative for Chronic Obstructive Lung Disease (GOLD). 2026 Report.

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