RESPIRATORY THERAPIST'S ROLE IN ADVANCED COPD MANAGEMENT

1. Device and technique audit

Observe	Advocate	Assess	Flag	Document
and document inhaler technique at every contact, not just at initiation.	for **single inhaler** (triple or double) therapy where feasible; patients on 2 or more devices are at substantially higher risk of critical errors.	for dexterity issues, cognitive barriers, incorrect breath timing, and inadequate inspiratory flow.	PRN use, device switching, or refill gaps inconsistent with adherence.	persistent errors clearly: confirmed adherence is a prerequisite for biologic referral.

Measure BEC during stable period
Post-prednisone: 4 to 6 weeks

- If BEC <300: Repeat and optimize care → Check adherence, inhaler technique, comorbidities, and therapy
- If BEC ⩾300: Refer to respirology → **Consider PR and optimize pharmacotherapy**

Additional warning signs

□ Increasing breathlessness.
□ Increasing rescue inhaler use without changes to maintenance therapy.

⚠️ **Flag to primary care clinician and escalate through your site's referral pathway. Do not normalize recurring exacerbations.**

3. Eosinophil count: key facts

⩾300cells/µL	Strong type 2 signal; highest likelihood of biologic response
150-300cells/µL	Supportive signal, especially if persistent across multiple readings

□ Flag if no BEC on file before referral is initiated.
□ Values during exacerbation or post-prednisone (4-6 weeks) may be artificially low, note in documentation.

4. Referral package: send these 5 items

□ Current COPD medications, including when triple therapy was started and current devices.
□ Exacerbation summary with dates and whether moderate or severe.
□ Blood eosinophil counts from the past 12 months and the highest previous value available.
□ Spirometry date and key values.
□ Key comorbidities and smoking status.

5. Patient education

□ **Before Biologics initiation**

- Biologics are add-on therapies. They do not replace inhalers.
- **Dupilumab**: subcutaneous injection (300 mg) every 2 weeks.
- **Mepolizumab**: subcutaneous injection (100 mg) every 4 weeks.
- Confirm PSP access for injection training and coverage navigation.
- **Explain the treatment target:** disease stability (no exacerbations, controlled symptom burden, and stable FEV_1).

□ **After Biologics initiation**

- Monitor exacerbations, symptoms, rescue inhaler use, adherence, and FEV_1.
- Aim for minimum exacerbations, ideally 0, lowest symptom burden, and no FEV_1 decline.
- Reassess if symptoms worsen, exacerbations persist, or disease stability is not achieved.
- Older adults or dexterity-limited patients may need repeat injection training or caregiver support.

6. Contact Prompts - Every Visit, High-Risk Patients

🫁 Any exacerbations since last visit? Dates and treatment used?
👁️ Inhaler technique directly observed and documented this visit?
📋 Respirology referral initiated and sent?
💊 Maintenance inhaler used every day as prescribed?
🩸 BEC on file from a stable period?
💉 **If on biologics**: Any new side effects experienced? Changes in symptoms, lung function, or breathlessness?

✅ **Key Abbreviations: BEC**: Blood eosinophil count | **PR**: Pulmonary rehabilitation | **PRN**: As needed | **PSP:** Patient support program

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

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