

## 5 Top Tips Preparing for Winter

<b>Prioritise reviews for high-risk patients</b>	<ul style="list-style-type: none"> <li>– The MBRN has developed searches to help identify those patients on the COPD and Asthma registers who are at high risk of deterioration</li> <li>– Find the search on the PRIMIS section of population health reporting in EMIS under 'MBRN High Risk Respiratory'</li> </ul>
<b>Self-Care Support</b>	<ul style="list-style-type: none"> <li>– Never been a more important to encourage good self-care for patients. Key messages: <ul style="list-style-type: none"> <li>– Check out BLF and Asthma UK website - brilliant advice</li> <li>– Avoid triggers</li> <li>– Ensure action plans are reviewed and relevant</li> <li>– Good hydration and nutrition essential!</li> </ul> </li> </ul>
<b>Encourage vaccinations</b>	<ul style="list-style-type: none"> <li>– Such an easy win!</li> <li>– Flu and Pneumococcal in adults</li> <li>– Flu in children 12+ with chronic conditions such as Asthma</li> </ul>
<b>Rescue packs</b>	<ul style="list-style-type: none"> <li>– Used appropriately and in the right patient are very useful</li> <li>– Doesn't mean the patient shouldn't come in for review!</li> <li>– Not suitable for Asthma</li> <li>– In COPD not everyone needs steroid – see below</li> </ul>
<b>Inhaler technique</b>	<ul style="list-style-type: none"> <li>– A perennial problem. Evidence shows most patients, most of the time have critical errors in technique</li> <li>– Evidence also suggests that technique worsens 4 weeks after being taught!</li> <li>– Asthma UK website has excellent videos – send patients a link over SMS</li> </ul>

## 5 Top Tips Treating Exacerbations

<b>Bronchiectasis Exacerbations</b>	<ul style="list-style-type: none"> <li>– Patients with Bronchiectasis require 10-14 days of antibiotics (not just 5-7 days!)</li> <li>– Sputum MC&amp;S is essential – it can help for patients to have a supply of yellow top pots at home</li> </ul>
<b>Sputum Sputum Sputum</b>	<ul style="list-style-type: none"> <li>– Patients with Bronchiectasis, Asthma and COPD can all have symptoms and increased infection risk due to mucous plugging</li> <li>– Good hydration is essential – cilia function reduced in the dehydrated state</li> <li>– Carbocisteine and hypertonic saline (via resp nurses) helpful</li> </ul>
<b>Increasing ICS in Asthma</b>	<ul style="list-style-type: none"> <li>– Patients who double (or more!) their usual ICS prevent dose at the onset of symptoms can avoid further deterioration and requirement for oral steroids</li> <li>– More and more evidence emerging to support this strategy</li> </ul>
<b>COPD Exacerbations</b>	<ul style="list-style-type: none"> <li>– Most exacerbations are triggered by viruses</li> <li>– Early antibiotics (as per guidelines) important where bacterial infection suspected</li> <li>– Not all patients require, or benefit, from oral steroids. Consider in those with previous asthma or atopy, good prior response to steroids or on ICS inhaler</li> </ul>
<b>Follow Up</b>	<ul style="list-style-type: none"> <li>– The most important tip!</li> <li>– Exacerbations are key events which should be followed up</li> <li>– Follow-up is an opportunity to do the annual review, address the issues which led to the exacerbation and look to escalate treatment when indicated.</li> </ul>

### 3 Top Tips

## RSV & Bronchiolitis in Infants

<p><b>Don't pass the baby around!</b></p>	<ul style="list-style-type: none"> <li>– Can be a difficult conversation but a key message Paediatricians are trying to get out</li> <li>– Reducing the risk of transmission of viral respiratory infections is essential.</li> <li>– Passing baby around multiple family members can increase risk of RSV transmission</li> </ul>
<p><b>NICE traffic light guidance</b></p>	<ul style="list-style-type: none"> <li>– Such a great resource to risk-stratify patients</li> <li>– Green and Amber patients can be safely managed in the community with support and early review</li> <li>– Can be found <a href="#">HERE</a></li> </ul>
<p><b>Supportive Care</b></p>	<ul style="list-style-type: none"> <li>– Inhaled therapy, oral steroids and antibiotics are not indicated in the vast majority of patients</li> <li>– Supportive care with fluids, review and safety netting is key.</li> </ul>