

OPC COVID-19 Information Sheet

Our recommended next steps for all Asthma and COPD patients are outlined below. These steps are relevant to all patients with Asthma and COPD. In addition, high risk patients may need individually tailored advice. How each practice undertakes provision of this advice will vary, but ideally a telephone or conference call with each patient and a nurse or GP as soon as you have availability. This call/communication should cover 9 key areas:

1. Check that they have an adequate supply of maintenance and reliever medication. (Please do not ask for more than one month's supply as this will cause supply problems.)
2. Encourage special care to keep their asthma/COPD well controlled. Remind them that they should not stop or change their maintenance medication, but take it regularly to keep them well, including inhaled steroids.
3. Advise, where appropriate, that they monitor and record peak flow charts and use these in conjunction with their action plan.
4. Direct them to the [guidance on use of inhalers](#) so that they can check they are using their inhalers correctly.
5. Ensure they have a [personal action plan](#) and understand what to do if their asthma gets worse – this must be written and easily accessible.
6. Prescribe rescue medication (prednisolone) for use according to the instructions in their action plan – oral steroids should be used with caution because of the risks outlined below.
7. Shielding: All high risk [Asthma](#) and/or [COPD](#) patients should practice shielding for 12 weeks – staying at home and avoiding face-to-face contact with others not in their household.
8. Encourage patients to stop or reduce smoking, take exercise (away from others), and keep well hydrated.
9. If patients get worse follow their action plans and detailed advice from [Asthma UK](#), which is still very applicable to COPD patients:

If your asthma and/or COPD is getting worse and you have symptoms of COVID-19, please use the 111 online service or call 111. Please do not go to your doctor's surgery.

If your symptoms get worse quickly and you're worried you are having an Asthma/COPD attack, call 999 and let them know you may have coronavirus and are having an Asthma/COPD attack.

If your Asthma and/or COPD is getting worse and you don't have symptoms of COVID-19, make an urgent appointment to see your GP as usual. They may ask to speak to you by phone or video. If you have an Asthma/COPD attack, follow the steps on your action plan and call 999 for an ambulance if you need to.

Your patients will be understandably anxious and worried. Where possible, consider directing them to relevant mental health services. The Mental Health Foundation has produced a [list of tips to help people cope with anxiety](#).

Cautions for Oral Steroids

While concerns have been raised that steroids may increase viral shedding and prolong COVID-19 infection, people with COPD should continue to be treated according to [NICE guidance](#) with inhaled corticosteroids (ICS) or oral corticosteroids (OCS). The standard OCS course recommended for AECOPD is 5 days only. Each patient should be managed according to their own situation, if necessary take specialist advice. Discourage indiscriminate use of oral steroids.