

CLINICAL GUIDELINES		Guideline up for revision		
Topic: <i>(Examples: Diabetes, Asthma, COPD, Women's Health, etc.)</i>	<table border="1"> <tr> <td>Physician Champion: Altneu</td> </tr> <tr> <td>Date: March, 2014</td> </tr> </table>		Physician Champion: Altneu	Date: March, 2014
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Guideline Source: <i>(Examples: ADA, USPSTF, HTW, NHLBI, etc)</i>	COPD/Spirometry Global Strategy for the Diagnosis, Management and Prevention of Chronic Obstructive Pulmonary Disease (GOLD) Revised January 2014 http://www.goldcopd.org Tools (available at http://www.goldcopd.org): -Management At-A-Glance Desk Reference updated Feb 2013 -Pocket Diagnosis to COPD Diagnosis, Management and Prevention updated Jan 2014			
Guideline Original or Revision Date:	January 2014			
QCEC Approval Date	03/10/2014			
Guideline Summary and link to guideline <i>(Summarize guideline for Memo and link to full guideline + note on Updates</i>	Updates most relevant to primary care: <ol style="list-style-type: none"> 1) Combinations of a long acting beta2-agonist and long-acting anticholinergic have shown a significant increase in lung function whereas the impact on patient reported outcomes is still limited. There is still too little evidence to determine if a combination of long-acting bronchodilators is more effective than a long acting anticholinergic alone for preventing exacerbations. 2) For all Group A patients [few symptoms, low risk of exacerbations], a short-acting bronchodilator used as needed is recommended as first choice based on its effect on lung function and breathlessness. 3) A dose of 40mg of Prednisone daily for 5 days is recommended for COPD exacerbations. (replaces recommendation of 30-40mg x 10-14days) 4) Telehealth is not recommended for use in COPD patients. 			



Several updates regarding specific recommendations/data on medications