Early Supported Discharge and Admission Avoidance Service for Chronic Obstructive Pulmonary Disease (COPD)

Exceptional healthcare, personally delivered
What is early supported discharge and admission avoidance and why do we offer this service?

Early supported discharge and admission avoidance is a service that enables people with Chronic Obstructive Pulmonary Disease (COPD) to be treated at home rather than in hospital. It consists of a team of healthcare professionals with expertise in respiratory disease.

They will phone and visit you, as required, to provide treatment, advice and support during a flare up of your COPD. The team consists of respiratory nurses and respiratory physiotherapists. They have direct contact with the hospital respiratory consultants who are available for advice.

What advantages might early supported discharge and admission avoidance have?

You will be able to follow the enhanced recovery program (see separate leaflet).

You will be treated at home in your own environment.

You should get better rest in your own bed without the distractions that may occur at night in hospital.

It reduces the risk of catching another infection from the other patients in hospital.

It enables the team to make your rehabilitation more individual and offer practical help as they can assess you in your own home.

It may help you to be more involved in decisions and have choices about your treatment.
It will give you confidence to attempt activities at home because the team will have practised them there with you.

Longer-term needs may be more easily identified at home than in hospital.

Opportunities for you and your spouse/partner/carer to work closely with the team and learn how to manage the symptoms and effects associated with chronic lung disease.

**Who can use this service?**

People with Chronic Obstructive Pulmonary Disease (COPD) who live in South Gloucestershire, Bristol and North Somerset and are under the care of a GP.

**How are patients referred?**

From the hospital medical team. This may be following admission to hospital or after assessment in the Respiratory HOT Clinic to avoid admission to hospital.

**What will happen to me?**

You will be assessed by a member of the team whilst in the hospital. If you are in agreement and the team think it would be beneficial then you will discharged with additional support from the early supported discharge and admission avoidance team.

**Care at home**

The nurses and physiotherapists will visit you at home and assess you to monitor changes in your condition and to give advice as required. This could be about medication, managing
breathlessness, chest clearance techniques, relaxation, diet and nutrition, mobility aids and home exercise programmes that you would normally receive in hospital.

You will be given a list of contact numbers and a clear plan of your treatment and visits.

You will be provided with any necessary equipment on a temporary loan basis to help provide treatment where necessary. This may include the provision of oxygen therapy if needed on a short term basis. This will be followed up with a formal oxygen assessment once your condition has improved. It may also include the provision of short term nebulised medication to open your airways. This is usually given for 24-72 hours, depending on clinical need.

Visits and telephone calls by team members will be arranged to meet your needs.

You will be supported by the team with on-going assessment to identify their longer-term needs. If longer term support is required this will be arranged.

Once you are starting to feel better, the team will discharge you back to your GP and community team. If whilst under our care, you need to be admitted to hospital, it will be arranged through our team.

Your team members include:

**Respiratory Consultants**

**Respiratory Specialist Nurses**

**Respiratory Specialist Physiotherapists**
Individual discharge plan

Discharge from hospital date: .......... / .......... / ....................

Transport method: .............................................................

Early supported discharge and admission avoidance first visit date / time: .......... / .......... / .....................

Equipment to take home:

Nebuliser?        Yes ☐   No ☐
New Oxygen Prescription? Yes ☐   No ☐

Instructions / advice on arrival home

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Medicines (new or changes)

**Nebulised Medication**
Instructions for nebulised medication if applicable

Medication 1: .............................................
Dose: ........................
When? ..........................................................

Medication 2: .............................................
Dose: ........................
When? ..........................................................

**Oxygen Therapy**

Oxygen required?  New installation  ○ Change of prescription  ○

Prescription: ........L/min  ........hours/day
Mask / nasal cannula  Concentrator / cylinders

Ambulatory (portable cylinders)?
Yes  ○  No  ○

Liquid Oxygen?
Yes  ○  No  ○

New medication: ..........................  .....................
..........................  .....................

Medication stopped: ..........................  .....................
..........................  .....................
If your condition deteriorates:

Chest pain – dial 999

Signs of deterioration:

- Increased shortness of breath that doesn’t settle with reliever medication (inhaler or nebuliser) and pacing activities or change of position
- Confusion or feeling drowsy
- Unable to cope with current level of support / required level of activities of daily living
- Fever / Feeling cold and shivery, ‘Flu like symptoms’
- Increased sputum or change in colour (becoming more green / yellow, brown)

If you develop any of the above symptoms please inform the early supported discharge team. If it is ‘out of hours’ please dial 111 for advice.

NHS Constitution. Information on your rights and responsibilities. Available at www.nhs.uk/aboutnhs/constitution
If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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