

## COPD Flow Sheet Reference Tables

**Table 1. COPD Classification using Medical Research Dyspnea Scale (MRC) and/or Spirometry**

MRC	COPD Classification	Spirometry	Symptoms
0 - 1	At risk	Normal spirometry: FEV1 / FVC $\geq$ 0.7 and/or FEV1 $\geq$ 80% of predicted	Asymptomatic smoker or ex-smoker or chronic cough and sputum
2	Mild	FEV1/FVC $<$ 0.7 FEV1 60-79% predicted	SOB from COPD with strenuous exercise or when hurrying on the level or walking up a slight hill
3 - 4	Moderate	FEV1/FVC $<$ 0.7 FEV1 40-59% predicted	SOB from COPD causing the patient to walk slower than most people of the same age or needs to stop after 100m of walking on the level
5	Severe	FEV1/FVC $<$ 0.7 FEV1 $<$ 40% predicted	SOB from COPD resulting in the patient being too breathless to leave home, or dyspnea after changing clothes, or the presence of chronic respiratory failure, or clinical signs of right heart failure

**Table 2.**

When to consider Pulmonary Rehabilitation?
In clinically stable patients who despite optimal therapy, remain activity limited, due to their symptoms.

**Table 3.**

When to consider adding an ICS?
In patients who are asthmatic, or have an FEV1 $<$ 50 % predicted and $>$ 1 exacerbation in the past 12 months.

**Table 4.**

When to consider specialist referral?
<ul style="list-style-type: none"> <li>▪ The diagnosis is uncertain.</li> <li>▪ There are signs and symptoms of hypoxemic or hypercarbic respiratory failure.</li> <li>▪ The patient has the inability to cope due to social circumstances, anxiety, knowledge or complex/high care needs.</li> <li>▪ There are severe or recurrent exacerbations and treatment failure.</li> <li>▪ The patient has severe COPD and disability requiring more intensive interventions.</li> <li>▪ More intensive co-morbidity assessment and management is required.</li> <li>▪ A young patient with limited smoking history.</li> <li>▪ Difficulty in assessing home oxygen or sleep disorders.</li> </ul>