COPD Transition of Care Discharge Checklist

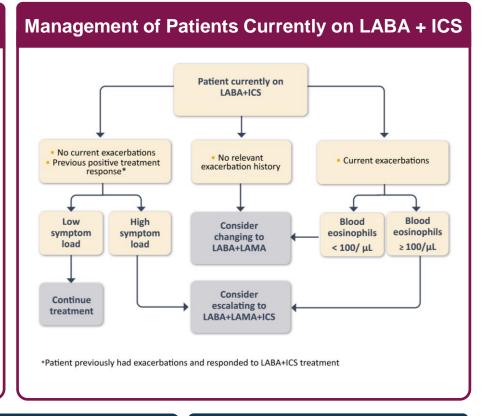
This checklist is based on the GOLD 2025 Report and can serve as a resource to help standardize patient discharge following a COPD hospitalization.

C	Continuity of Care	Patient and/or caregiver received discharge instructions Discharge summary shared with follow-up Health Care Professional(s)
0	Outpatient Follow-up	Post discharge COPD medical follow-up scheduled with: Primary Care Provider Other:
P	Pharmacological Treatment	Pulmonary rehabilitation prescribed (including referral and information on local rehabilitation providers), if applicable Rescue: Maintenance: LAMA+LABAa Add on roflumilast, if appropriate Add on azithromycin, if appropriate Add on dupilumab, if appropriate Other Patient demonstrated correct inhaler and/or nebulizer technique Patient provided affordability information (eg, co-pay savings,
D	Discontinue Smoking	Patient understands withdrawal of acute medications (oral corticosteroids and/or antibiotics), if applicable Patient offered nicotine replacement options and/or additional resources/support for smoking cessation



Initiation of pharmacological treatment for newly diagnosed patients with COPD: LAMA+LABAª is the preferred choice and ICS+LAMA+LABAª can be considered if eos ≥300 cells/µL

Follow-up Pharmacological Treatment DYSPNEA EXACERBATIONS LABA or LAMA LABA or LAMA LABA + LAMA* LABA + LAMA* LABA + LAMA + ICS* · Consider switching inhaler device or molecules • Implement or escalate non-pharmacological treatment(s) • Consider adding ensifentrine • Investigate (and treat) other causes Roflumilast Azithromycin Dupilumab of dyspnea FEV1 < 50% & preferentially in chronic chronic bronchitis former smokers bronchitis *Single inhaler therapy may be more convenient and effective than multiple inhalers; single inhalers improve adherence to treatment. Consider de-escalation of ICS if pneumonia or other considerable side-effects. In case of blood eos ≥ 300 cells/µl de-escalation is more likely to be associated with the development of exacerbations. Exacerbations refers to the number of exacerbations per year



HCP Resources to Help Patients

AZ&ME Helping Patients
Access AstraZeneca Medicines

American Lung Association Patient & Caregiver Network

American Lung Association COPD Action Plan

COPD Foundation Educational Materials









https://qr.short.az/AZandME

https://qr.short.az/ALANetwork

https://qr.short.az/COPDAction https://qr.short.az/COPDF Plan Materials

Scientific Resources

Videos, Presentations and External Resources

Presentations include:

COPD Pathophysiology, Management Considerations & GOLD 2025

Right Device for the Right Patient

https://qr.short.az/r/x tqwp7kejipcqid

aSingle inhaler therapy may be more convenient and effective than multiple inhalers; single inhalers improve adherence to treatment.

COPD = chronic obstructive pulmonary disease; eos = blood eosinophil count in cells/ μ L; FEV₁ = forced expiratory volume in 1 second; GOLD = Global Initiative for Chronic Obstructive Lung Disease; ICS = inhaled corticosteroid; LABA = long-acting β_2 -agonist; LAMA = long-acting muscarinic antagonist. Reference: Global Initiative for Chronic Obstructive Lung Disease (GOLD). Global strategy for the diagnosis, management and prevention of COPD (2025 report). GOLD website. Accessed November 11, 2024. https://goldcopd.org/2025-gold-report/. ©2025 Global Strategy for the Diagnosis, Management and Prevention of COPD all rights reserved. Use is by express license from the owner. ©2024 AstraZeneca. All rights reserved. US-95896 Last Updated 11/24