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COPD- to PAP or not to PAP

Opinion

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That is the Question

The COPD population is growing and as the disease progresses, it can be debilitating. Activities of daily living are limited, air exchange becomes a struggle and hospital re-admission becomes inevitable. What comes next? Invasive procedures- Intubation and tracheostomy- vent dependency, with possible admission to a vent unit or home bound. Shock, surprise, and confusion followed by a significant change in life style. Then, feelings escalate to depression, anger and a sense of defeat. What can we do as Clinicians- specifically Registered Respiratory Therapists involvement to assist with better COPD management? Education will allow forbetter quality of life and informed decision making.

COPD is a chronic disease which worsens over time. It does not resolve. It needs to be discussed, addressed and managed. It is incurable and life threatening. COPD disease progresses over time causing air trapping, dyspnea, high CO2 levels, altered mental status, unconsciousness, acidosis, hypoxemia,- V/Q mismatch, right ventricular failure, encephalopathy, andso much more. If we can monitor and manage our COPD population with NIV, the inevitable can be prolonged which will allow time. Time is a big factor for our COPD population. Time- something WE as a society take for granted. Time is limited for our COPD population and it is our responsibility to utilize the technology and skills that are available to the community. Does NIV- Non-invasive ventilation cure our COPD population? No, it does not, however it can prolong a better quality life, limit change in routine andlifestyle until NIV options are exhausted.

Some may ask, "Why is it so important to prevent invasive procedures for our COPD population?" Invasive procedures such as intubations and tracheostomies are needed for respiratory insufficiency and decompensation of the disease process. An artificial airway is needed to maintain airway patency and ventilation. With that may come other complications. VAP- Ventilator acquired pneumonia, difficulty weaning or the inability to wean, dependent on others, and vent dependent. The after thoughts when reality sets in can be confusing. Acceptance may never occur.

Preventative medicine can be utilized for COPD. Let's not wait for re-admissions, EMS dispatch, overflowing ER waiting rooms, or mini clinics to place a band aide on this. Education is the key here along with awareness. We can open up doors and help society with this incurable heartbreaking disease. Registered Respiratory Therapists involved in care plans, home visits, follow ups, assessments and monitoring can prevent re-admissions. COPD management combined with RRT intervention is priceless.