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## **European expert consensus on assessment and management of hospitalised exacerbations of COPD (CICERO ERS CRC)**

COPD - management, COPD - exacerbations, Nursing care

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**Introduction:** Despite being a high-risk event for morbidity and mortality, there is little consensus globally regarding the assessment and management of hospitalised exacerbations of COPD.

**Objectives:** To find a consensus list of symptoms, physiological measures, clinical scores, patient questionnaires and investigations to be obtained at time of hospitalised COPD exacerbation and follow up.

**Methods:** A modified online Delphi survey of importance, feasibility and suggested frequency on Likert scales was undertaken. Consensus and stability criteria were pre-defined.

**Results:** 25 experts from 19 European countries participated. After completion of 2 rounds, consensus was achieved on 642 items (82%). Experts achieved consensus quickly on history and physical examination items. There was less consensus on other items. For example (see table 1), many scores and

questionnaires were not considered essential in clinical practice. Experts could not agree on pulmonary function tests to perform routinely at time of hospitalisation nor the importance or frequency in which to perform echocardiography, CT scan and pulmonary function tests at follow-up. Experts could not agree on duration of treatment

<b><u>Include</u></b>	<b><u>Consider</u></b>	<b><u>Exclude</u></b>
mMRC CAT	EWS GCS GOLD I-IV GOLD A-D BODEX HADS CURB-65 DECAF VAS CCQ	CODEX CIIS ADO DOSE SGRQ SCOPEX EXACT-Pro BCSS Euro-QoL

Table 1: Consensus items for clinical scores and questionnaires at time of COPD exacerbation

Conclusion: Despite being a major health burden, hospitalised COPD exacerbations are assessed and managed variably across Europe. Standardisation could impact clinical outcomes.

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