

## 8.22 Audit of Assessing Compliance to COPD Acute Treatment Bundle against the Irish Thoracic Society Guidelines

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**Background:** Exacerbations of chronic obstructive pulmonary disease (AECOPD) are a cause of increased morbidity, mortality, and reduced health status<sup>1</sup>. Standardized AECOPD treatment improves patient care and shortens hospital stays. We sought to determine compliance with the Irish thoracic society COPD acute management bundle<sup>2</sup> in Mayo University Hospital. **Methods:** Retrospective and prospective data was collected for patients admitted with AECOPD from Feb 2023 to Feb 2024. Data collected included review of electronic discharge summary, medical records, chest x-ray reports and laboratory results. **Results:** 46 patients had a confirmed diagnosis of AECOPD and were included in the analysis. 100% of the patients received oxygen therapy with SpO<sub>2</sub> maintained at 88-92%. ABG was done for 50% of patients. 80.43% received bronchodilators within 30 minutes of presentation. Prednisolone was administered within 2 hours in 76.09%, CXR was reviewed within 2 hours in 69.57%, and antibiotics were administered within 4 hours of presentation in 69.57%. 8.70% were considered for COPD outreach and 45.65% were referred to the respiratory team within 24 hours of presentation. **Conclusion:** The data shows 100% compliance with oxygen therapy and 70-80% compliance with bronchodilator, corticosteroid administration, and CXR reviews. However, there was poor compliance with regards to timely referral to respiratory team and COPD outreach. Timely reviews by respiratory teams could improve follow-up plans and reduce readmission rates. **Keywords:** COPD, acute exacerbation, treatment bundle, guideline adherence, patient outcomes **Disclosures:** The authors declare no conflict of interest.

### References

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