

COPD Transition of Care Discharge Checklist

This checklist is based on the GOLD 2026 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)

O

Outpatient Follow-up



Post discharge COPD medical follow-up scheduled with:

☐ Primary Care Provider

☐ Other: _____

☐ Pulmonologist

☐ Pulmonary rehabilitation prescribed (including referral and information on local rehabilitation providers), *if applicable*

P

Pharmacological Treatment



Rescue:

☐ _____

Maintenance:

☐ LAMA+LABA^a

☐ ICS+LAMA+LABA^a

☐ Other _____

☐ Add on roflumilast, *if appropriate*

☐ Add on azithromycin, *if appropriate*

☐ Add on biologic, *if appropriate*

☐ Patient demonstrated correct inhaler and/or nebulizer technique

☐ Patient understands withdrawal of acute medications (oral corticosteroids and/or antibiotics), *if applicable*

☐ Patient provided affordability information (eg, co-pay savings, savings websites, patient assistance program), *if applicable*

D

Discontinue Smoking



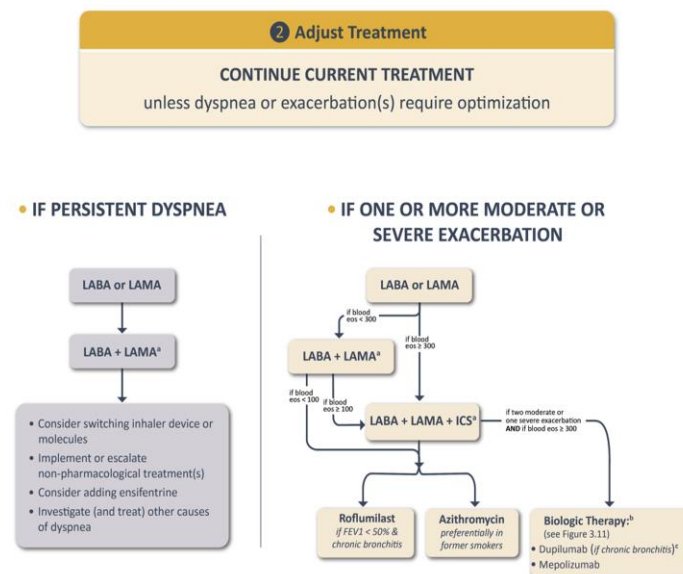
☐ Patient offered nicotine replacement options and/or additional resources/support for smoking cessation

☐ Annual LDCT for lung cancer screening is recommended, if eligible (ie, age, smoking history)



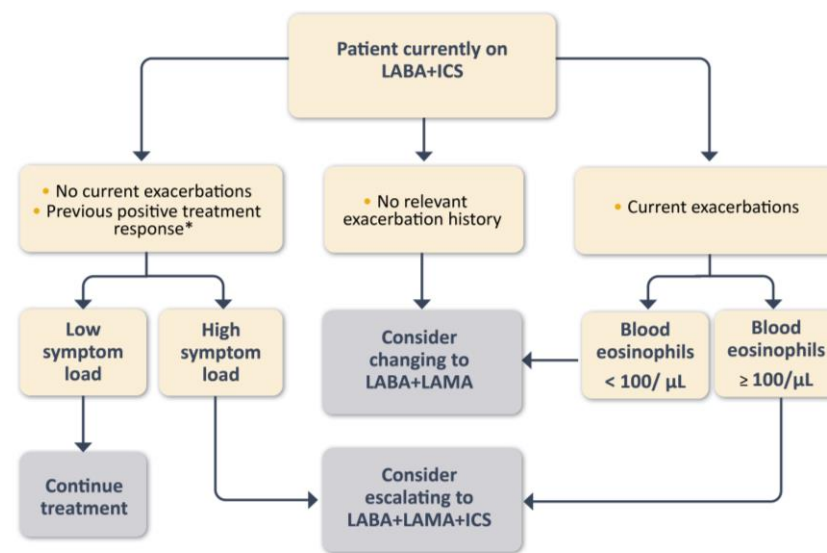
Initiation of pharmacological treatment for newly diagnosed patients with COPD: LAMA+LABA^a is the preferred choice and ICS+LAMA+LABA^a can be considered if eos ≥ 300 cells/ μ L

Follow-up Pharmacological Treatment



^aSingle inhaler therapy may be more convenient and effective than multiple inhalers; single inhalers improve adherence to treatment. ^bListed in order of approval in the US. ^cPatient-reported history of chronic bronchitis (chronic productive cough) for 3 months in the year up to screening, absent other known causes. Consider de-escalation of ICS if pneumonia or other considerable side-effects. In case of blood eos ≥ 300 cells/ μ L de-escalation is more likely to be associated with the development of exacerbations.

Management of Patients Currently on LABA + ICS



*Patient previously had exacerbations and responded to LABA+ICS treatment

HCP Resources to Help Patients

AZ&ME Helping Patients
Access AstraZeneca Medicines



<https://qr.short.az/AZandME>

American Lung Association
Patient & Caregiver Network



<https://qr.short.az/ALANetwork>

American Lung Association
COPD Action Plan



<https://qr.short.az/COPDActionPlan>

COPD Foundation
Educational Materials



<https://qr.short.az/COPDFMaterials>

Scientific Resources

Videos, Presentations and External Resources

Presentations include:

COPD Pathophysiology,
Management Considerations
& GOLD 2026



Right Device for
the Right Patient

<https://qr.short.az/r/x/tqwp7keijpcqjd>

^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; LDCT= low-dose computed tomography. Reference: Global Initiative for Chronic Obstructive Lung Disease (GOLD) 2026 GOLD Report and Pocket Guide. Global strategy for prevention, diagnosis and management of COPD: 2026 Report. Accessed January 7, 2026. <https://goldcopd.org/2026-gold-report-and-pocket-guide/>. ©2026 Global Strategy for the Diagnosis, Management and Prevention of COPD all rights reserved. Use is by express license from the owner. ©2026 AstraZeneca. All rights reserved. US-107993 Last Updated 1/26