Appendices

Appendix 1

Epworth Sleepiness Scale – adapted from:
https://www.blf.org.uk/support-for-you/obstructive-sleep-apnoea-osa/diagnosis/epworth-sleepiness-scale

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired?

Grade each answer

- **0 = would never doze**
- **1 = slight chance of dozing**
- **2 = moderate chance of dozing**
- **3 = high chance of dozing**

- Sitting and Reading
- Watching TV
- Sitting, inactive in a public place (e.g. theatre, cinema, meeting)
- As a passenger in a car for an hour without a break
- Lying down to rest in the afternoon when circumstances permit
- Sitting and talking to someone
- Sitting quietly after lunch without alcohol
- In a car, while stopped for a few minutes in traffic

Scoring

- **0-5** lower normal daytime sleepiness
- **6-10** normal daytime sleepiness
- **11-12** mild excessive daytime symptoms
- **13-15** moderate excessive daytime symptoms
- **16-24** severe excessive daytime symptoms

Appendix 2 [15]: BTS guidelines for Bronchiectasis: Stepwise management

STEP 1 Treat underlying cause Airways clearance techniques +/– pulmonary rehabilitation Annual influenza vaccination Prompt antibiotic treatment for exacerbations Self-management
STEP 2 If 3 or more exacerbations/yr despite Step 1* Physiotherapy reassessment and consider mucoactive treatment
STEP 3 If 3 or more exacerbations/yr despite Step 2* 1) If *Pseudomonas aeruginosa*, long term inhaled antipseudomonal antibiotic e.g. Colistin or alternatively long term macrolide 2) If other potentially pathogenic microorganisms, long term macrolides or alternatively long term oral or inhaled targeted antibiotic 3) If no pathogen, long term macrolides
STEP 4 If 3 or more exacerbations/yr despite Step 3* Long term macrolide and long term inhaled Antibiotic
STEP 5 If 5 or more exacerbations/yr despite Step 4* Consider regular intravenous antibiotics every 2-3 months
*Consider this step if significant symptoms persist despite previous step, even if not meeting exacerbation criteria Antibiotics are used to treat exacerbations that present with an acute deterioration (usually over several days) with worsening local symptoms (cough, increased sputum volume or change of viscosity, increased sputum purulence with or without increasing wheeze, breathlessness, haemoptysis) and/or systemic upset. The flow diagram refers to three or more annual exacerbations. Prophylactic antibiotics should be prescribed on advice of respiratory physician, [17] and patients on long term antibiotics should be followed up in secondary care.