

Table 1: COPD Severity and Symptom Descriptors

Disease Severity	Pulmonary Function	Changes in Level of Activity (O'Donnell et al., 2003)	Stable Clinical Symptoms	Unstable/Acute Clinical Symptoms	Evidence of Acute Respiratory Failure
Mild (stage I)	FEV ₁ 60 – 79% predicted FEV ₁ /FVC < 70%	Dyspnea from COPD when hurrying on the level or walking up a slight hill *DYSPNEA SCORE (MRC 2)	1. Respiratory rate within normal limits (RR 16-28) 2. Chest auscultation: breath sounds reduced, may or may not have end expiratory wheeze and/or crackles. 3. Adequate inspiratory depth and chest wall expansion, may have barrel shaped chest. 4. Minimal or no respiratory accessory muscle use. 5. May have clear or white sputum. 6. Daily cough. 7. May not have complaints of fatigue.	Complaints of increasing level of dyspnea 1. Respiratory rate may or may not be within normal limits. 2. Chest auscultation: breath sounds reduced, may or may not have end expiratory wheeze and/or crackles. 3. May have shallow inspiratory depth with reduced chest wall expansion. 4. Respiratory accessory muscle use. 5. Sputum change: yellow/green/purulent/thick and/or increased amount. 6. Increased cough severity. 7. Progressive fatigue. 8. Potential presence of peripheral and/or central cyanosis.	Pulmonary: ↑ accessory muscle use, ↑ complaints of worsening dyspnea, ↑ complaints of impending doom. PaO₂ < 60 mmHg on room air PaCO₂ > 50 mmHg Arterial pH < 7.28 SpO₂ < 88 % [Although pulse oximetry is a valuable tool in many disease processes, it is not a reliable indicator of dypnea severity in individuals with COPD.] Neuro: Restlessness, agitation, headache, disorientation, seizures, muscle twitching, decreased level of consciousness. CVS: ↑ heart rate, hypertension (early sign), hypotension (late sign), chest pain, dysrhythmias. Renal: ↓ urinary output, peripheral edema. GI: ↓ bowel sounds, nausea and vomiting, abdominal distention, bleeding. Skin: cool, clammy, pale, ↓ capillary refill.
Moderate (stage II)	FEV ₁ 40 – 59% predicted FEV ₁ /FVC < 70%	Dyspnea from COPD causing patient to stop after walking about 100 m (or after a few minutes) on the level *DYSPNEA SCORE (MRC 3-4)	1. Respiratory rate above normal limits. 2. Chest auscultation: breath sounds reduced, may or may not have end expiratory wheeze and/or crackles. 3. Adequate chest wall expansion. 4. Minimal or moderate accessory muscle use. 5. May have clear or white sputum. 6. Daily cough. 7. Fatigue often present.		
Severe (stage III)	FEV ₁ < 40% predicted FEV ₁ /FVC < 70%	Dyspnea from COPD resulting in the patient too breathless to leave the house, or breathlessness after undressing, or the presence of chronic respiratory failure or clinical signs of right heart failure *DYSPNEA SCORE (MRC 5)	1. Respiratory rate outside normal limits. 2. Chest auscultation: air entry distant, may or may not have end expiratory wheeze and/or crackles. 3. Adequate chest wall expansion. 4. Moderate accessory muscle use. 5. May have clear or white sputum. 6. Daily cough. 7. Fatigue usually present.		

* Perception of dyspnea is individualized and may vary from the usual scores above.