# **Chronic Obstructive Pulmonary Disease**

Education and Treatment Guide





A Duke LifePoint Hospital

wilsonmedical.com

# Living With COPD

Patient Name: \_\_\_\_\_

#### **Emergency: Call 911**

My Main Doctor: Phone Number:
My Lung Doctor: Phone Number:
Home Health Company: Phone Number:
Home Medical Equipment: Phone Number:
Pulmonary Rehab Phone Number:
Other people involved in my care



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## **COPD Self-Management Plan**

Name:	Date:	_
Doctor:	Doctor Phone:	_
Home Health Agency:	Agency Phone:	_

**Green Zone** Actions I am doing well today - Usual activity and exercise - Take daily medications - Usual amounts of cough and phlegm/mucus - Use oxygen as prescribed - Sleep well at night - Continue regular exercise/diet plan - Appetite is good - At all times avoid cigarette smoke, inhaled irritants **Yellow Zone** Actions I am having a bad day or a COPD flare-up - Call provider, physician or home health nurse - More breathless than usual - If unable to see physician within 24 hours start - I have less energy for daily activities medications as ordered by your physician - Increased or thicker phlegm/mucus - Start an oral corticosteroid (name, dose, duration) - Yellow phlegm/mucus - Using quicker relief inhaler/nebulizer more often - Start an antibiotic (name, dose, duration) - Swelling of ankles more than usual - More coughing than usual - Use quick relief inhaler every \_\_\_\_ hours - I feel like I have a chest cold - Continue daily medications - Poor sleep and my symptoms woke me up - Use oxygen as prescribed - My appetite is not good - Get plenty of rest - My medicine is not helping - Use pursed lip breathing - At all times avoid cigarette smoke, inhaled irritants **Red Zone** Actions I need urgent medical care - Severe shortness of breath, even at rest - Call physician or home health nurse right away - Not able to perform any activity because of breathing - If symptoms are severe, call 911 - Fever or shaking chills - Feeling confused or very drowsy Emergency - Chest pains Rescue - Coughing up blood

- Lips or fingernails are gray
- Your inhalers are not working

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## **Medicine for Chronic Lung Disease**

This sheet can help you keep track of the medicine you take for your COPD (Chronic Obstructive Pulmonary Disease). Ask your doctor or nurse to help you with filling in the names of the medicines you take. If you are not sure which medicine to take or when, ask your doctor, nurse or pharmacist.

#### Rescue Medicine (medicine you take only when you have symptoms)

What they do: Relax the muscles that tighten around the airways (air tubes). This medicine makes your airways get larger so air can flow through them. Rescue medicines act fast after you use them, so your symptoms go away fast.

Name of the rescue medicine I take: \_\_\_\_\_

When to take: \_

#### Maintenance Medicines (medicine you take even when you feel well)

What they do: These medicines work slower than rescue medicines; but, the effects last longer. They can help relax and reduce swelling in the muscles around your airways. This helps air move easier in and out of your lungs. These medicines are taken as ordered even if you feel well. They are made to help you breathe better longer.

Name of the medicine I take:	
When to take:	
Name of the medicine I take:	
When to take:	
Name of the medicine I take:	
When to take:	

#### Tips from your healthcare team:

## **Chronic Obstructive Pulmonary Disease**

#### **Chronic Obstructive Pulmonary**

**Disease (COPD)** is a common lung condition in which airflow from the lungs is limited. COPD is a general term that can be used to describe many different lung problems that limit airflow, including chronic bronchitis and emphysema.

#### Causes

- Exposure to smoke
- Exposure to air pollution, chemical fumes, or dust

Sometimes there is no apparent cause or trigger.

#### Diagnosis

Your medical history, a physical exam, and tests will help your healthcare provider make a diagnosis. Tests may include:

- A chest X-ray
- A Pulmonary Function Test (PFT)

**Exacerbations:** COPD exacerbations are episodes when breathing symptoms become much worse and require extra treatment.

#### **Risk Factors:**

- Smoking cigarettes
- Frequent prior COPD exacerbations

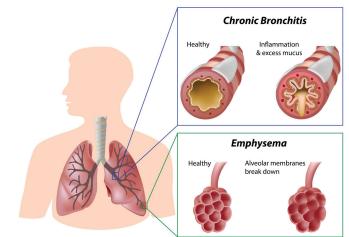
#### Signs and Symptoms:

- Increased coughing
- Increased thick spit (sputum) production
- Increased wheezing
- Increased shortness of breath
- Rapid breathing
- Chest tightness

**Treatment:** You may need to be admitted to the hospital for treatments. They include:

- Bronchodilators, which are drugs given with an inhaler or nebulizer
- Pulmonary rehabilitation

Chronic Obstructive Pulmonary Disease (COPD)

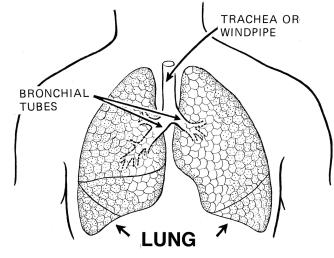


# **Chronic Obstructive Pulmonary Disease**

The way your lungs work may never return to normal, but there are things you can do to improve your lungs and make yourself feel better.

#### Home Care:

- Take all medicines as told by your doctor.
- If you smoke, stop. Smoking makes the problem worse.
- Avoid being around things that make your breathing worse (like smoke, chemicals, and fumes).
- Avoid people who have a sickness you can catch (contagious).
- Eat healthy foods.
- Stay active, exercise and get plenty of rest.
- Make sure to get all the shots (vaccines) recommended by your doctor.
- Learn and use tips to relax.
- Learn to control your breathing. For example: Breathe in slowly through your nose for 1 second. Pucker your lips and breathe out slowly through your lips.



# **Controlling COPD: Avoid Triggers**

Flare-ups can come on fast. Know your COPD triggers and try to stay away from them.

- Stress and anxiety
- Smoking/second-hand smoke
- Weather/air quality
- Cleaning supplies
- Allergens (dust, pollen, animal air)
- Colds and Flu











## **Smoking Cessation**

Quitting smoking is important to your health and has many advantages. However, it is not always easy to quit since nicotine is a very addictive drug. Often, people try 3 times or more before being able to quit. Quitting takes hard work and a lot of effort, but you can do it.

#### **ADVANTAGES OF QUITTING SMOKING**

- Your body will feel the impact of quitting smoking almost immediately.
- Within 20 minutes, blood pressure decreases. Your pulse returns to its normal level. After 8 hours, carbon monoxide levels in the blood return to normal.
- Your oxygen level increases.
- After 24 hours, the chance of having a heart attack starts to decrease.
- Your breath, hair, and body stop smelling like smoke.
- After 48 hours, damaged nerve endings begin to recover. Your sense of taste and smell improve.
- After 72 hours, the body is virtually free of nicotine. Your bronchial tubes relax and breathing becomes easier.
- After 2 to 12 weeks, lungs can hold more air. Exercise becomes easier and circulation improves.
- The risk of having a heart attack, stroke, cancer, or lung disease is greatly reduced. After 1 year, the risk of coronary heart disease is cut in half.
- After 5 years, the risk of stroke falls to the same as a nonsmoker.
- After 10 years, the risk of lung cancer is cut in half.
- The people you live with, especially any children, will be healthier.

#### **Medicines**

Medicines can help you stop smoking and decrease the urge to smoke. Ask your health care provider for advice about which medicines to use and how to use them based on your health history. Your health care provider will tell you what side effects to look out for if you choose to be on a medicine or therapy. Carefully read the information on the package. **Do not** use any other product containing nicotine while using a nicotine replacement product.

#### FOR MORE INFORMATION:

www.smokefree.gov

## Using a Metered-Dose Inhaler with A Spacer



**Step 1:** Shake the inhaler for 5 to 7 seconds



**Step 2:** Place the inhaler into the spacer and remove the spacer cap.

**Step 3:** Hold the inhaler and spacer upright with the mouthpiece facing you.



**Step 4:** Breathe out all of your air, slowly and completely.





**Step 5:** Place the spacer in your mouth and press down on the inhaler 1 time.

**Step 6:** Take in a slow, deep breath (if the spacer whistles, you have sucked too fast).

**Step 7:** Hold your breath for 5 to 10 seconds so the medicine can settle in your lungs.

If you need another puff, wait 30 to 60 seconds and repeat steps 1 through 7.

## **MY RESCUE INHALER RECORD:**

- 1. Rescue inhalers are used along with routine inhalers to quickly relax respiratory muscles and open airways to make breathing easier.
- 2. Use rescue inhalers for" increased shortness of breath, wheezing, or feelings of chest tightness.

## If You Use A Nebulizer

If you have asthma or other breathing problems, you might need to breathe in (inhale) medicine. This can be done with a nebulizer. A nebulizer is a device that turns liquid medicine into a mist that you can inhale.

The nebulizer must work properly for it to help your breathing. If the nebulizer does not produce mist, or if foam comes out, this indicates that the nebulizer is not working properly. Sometimes a filter can get clogged, or there might be a problem with the air compressor.

## How To Care For Your Nebulizer

YOUR NEBULIZER AND NEBULIZER EQUIPMENT SHOULD BE KEPT CLEAN AND BE STORED IN A DUST-FREE PLACE. TO ENSURE EFFECTIVENESS OF NEBULIZER TREATMENT, YOU WILL NEED TO PERFORM MAINTENANCE CLEANING AFTER EACH USE AND STERILIZATION OF NEBULIZER EQUIPMENT ONCE PER WEEK.

#### DAILY:

#### Your nebulizer should be rinsed after each use.

- 1. Disassemble nebulizer and rinse all parts with warm water
- 2. Shake out excess water
- 3. Place on a clean dry towel to air-dry.

#### \*DO NOT RINSE NEBULIZER TUBING OR COMPRESSOR\*

#### WEEKLY:



- Once weekly soak nebulizer parts in one part distilled white vinegar/ three parts hot water for one hour. **DO NOT SOAK NEBULIZER TUBING OR COMPRESSOR.**
- Rinse with warm water and placed on clean towel to air-dry.

# SOME MANUFACTURER'S GUIDELINES MAY DIFFER, ALWAYS CHECK MANUFACTURER'S GUIDELINES PRIOR TO CLEANING YOUR NEBULIZER EQUIPMENT.

## My Nebulizer Treatment Schedule

My nebulizer is \_\_\_\_\_

I will use my nebulizer (how many times a day) \_\_\_\_\_

Or, how often as needed?

	SUN	MON	TUES	WED	THURS	FRI	SAT
WEEK 1							
Morning							
Noon							
Evening							
Bedtime							
WEEK 2							
Morning							
Noon							
Evening							
Bedtime							
WEEK 3							
Morning							
Noon							
Evening							
Bedtime							
WEEK 4							
Morning							
Noon							
Evening							
Bedtime							
WEEK 5							
Morning							
Noon							
Evening							
Bedtime							
WEEK 6							
Morning							
Noon							
Evening							
Bedtime							

### My Nebulizer Treatment Schedule

My nebulizer is \_\_\_\_\_

I will use my nebulizer (how many times a day) \_\_\_\_\_

Or, how often as needed?

	SUN	MON	TUES	WED	THURS	FRI	SAT
WEEK 7							
Morning							
Noon							
Evening							
Bedtime							
WEEK 8							
Morning							
Noon							
Evening							
Bedtime							
WEEK 9							
Morning							
Noon							
Evening							
Bedtime							
WEEK 10							
Morning							
Noon							
Evening							
Bedtime							
WEEK 11							
Morning							
Noon							
Evening							
Bedtime							
WEEK 12							
Morning							
Noon							
Evening							
Bedtime							

### NOTES

Use this space to write down your questions for your doctor or other healthcare team members. Bring this booklet with you to doctor visits.

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Cardiopulmonary Services Wilson Medical Center Phone: 252.399.8245

Cardiopulmonary Rehab Wilson Medical Center Phone: 252.399.8448



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