

COPD

(Chronic Obstructive Pulmonary Disease)

**A Resource for Patients
and Their Families**

The goal of this resource book is to help you improve your COPD health.

At St. Elizabeth, you and your family are our top priority.

Table of Contents

2 What is COPD?

Chronic Bronchitis
Emphysema

2 Understanding COPD Diagnosis and Treatment

Symptoms
Causes
Diagnosis
How to Quit Smoking
Treatment
Your COPD Action Plan

8 Understanding COPD Flare-Ups

What To Do At The First Sign Of A Flare-Up
How To Prevent COPD Flare-Ups

9 Your COPD Medications

Maintenance Medications
Quick-Relief Medications
Respiratory Medication Devices

11 Breathing Training

Pursed Lip Breathing
Diaphragmatic Breathing

12 Understanding COPD and Healthy Living

Clear the air
Exercise
Sleep
Manage Your Days
Nutrition
COPD Sample 1-Day Menu
Therapies

COPD educational videos are available for you to view when hospitalized. These videos can also be accessed through your MyChart.

15 Pulmonary Rehabilitation

Outpatient Pulmonary Rehab
Home Care Services
Skilled Level of Care
Inpatient Pulmonary Rehab
Benefits of Pulmonary Rehabilitation
Pulmonary Rehabilitation Quiz

17 Living Well with COPD

18 Coping with COPD

Palliative Care
Advance Care Directives and Living Will
Hospice Care
BreatheEASY

19 Final Thoughts

Questions To Ask

21 Patient & Family Resources

What is COPD?



Chronic Obstructive Pulmonary Disease (COPD) is a common lung problem. Chronic (meaning “long-term”) Obstructive (meaning “blocked airways”)

Pulmonary (meaning “lungs”) Disease.

The primary job of your lungs is to promote air exchange while getting oxygen to your blood and blowing out carbon dioxide. When you breathe normally, air passes through your trachea, down through your bronchus, through your bronchioles then to your alveoli (air sacs) within your lungs.

In COPD, the flow of air from the lungs is limited. This is due to excess mucus, swelling and collapsed airways.

COPD is a preventable disease, but once diagnosed, it cannot be reversed. It is made up of two conditions:

- 1. CHRONIC BRONCHITIS:** involves excess mucus production and swelling.
- 2. EMPHYSEMA:** involves stretched or collapsed alveoli, which gives you less space to exchange bad carbon dioxide for good oxygen.

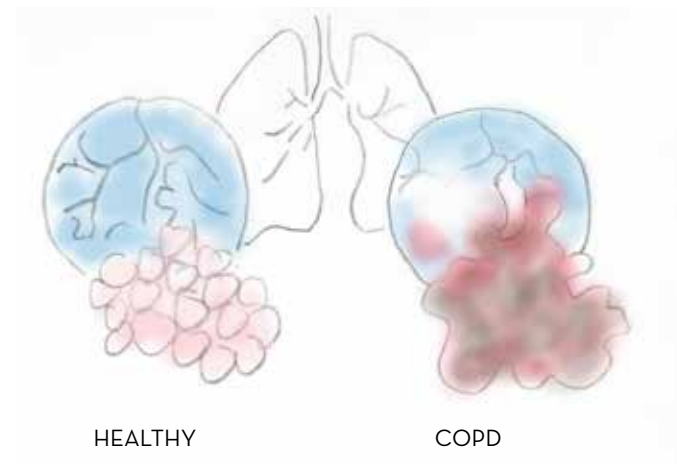
Some patients have both of these lung conditions.

Understanding COPD Diagnosis and Treatment

Symptoms

The most common symptoms a person with COPD might experience include:

- Trouble breathing, more short of breath.
- Less energy for your daily activities.
- Using your rescue inhaler/nebulizer more often.
- An increase in cough or mucus.
- Your mucus is thick and you have frequent infections.
- Your appetite is not good.
- Gray or bluish stain of the skin, especially in your fingers, toes or lips.



Causes

The most common cause of COPD is smoking. Quitting is the best way to slow lung damage.

Other causes of COPD include:

- Exposure to secondhand smoke.
- Genetic problems including **Alpha 1 antitrypsin (AAT) deficiency**.
- Chronic inflammatory lung diseases or infection.

*Alpha-1 antitrypsin (AAT) deficiency is a condition in which the body does not make enough of a protein that protects the lungs and liver from damage. This condition can lead to emphysema and liver disease.



Diagnosis

The diagnosis of COPD can be very simple:

1 Pulmonary Function Testing, which includes spirometry, is a breathing test offered by St. Elizabeth Pulmonary Function Labs. This test will help determine how well you can breathe in and breathe out, and help identify the causes of lung problems you may be having. It can also help your doctor choose the best treatment for you. During the test, you will be instructed to perform many breathing exercises while sitting. The exercises will be done by breathing in and breathing out. An average Pulmonary Function Test takes about 45 minutes to complete. An average Spirometry Test lasts about 10 minutes.

If you are feeling ill the day of your test, please call and reschedule. If you have been diagnosed with COPD and are unsure if you have had a Pulmonary Function Test, talk to your doctor.

2 Your healthcare provider will also take a medical history and perform a physical examination to determine if you have COPD.

3 Other tests for COPD may include:

- Chest X-ray
- CT scan
- Blood tests

How to Quit Smoking

There are many different ways to quit smoking:

- Nicotine gum, patches, inhalers and nasal sprays.
- Hypnosis.
- Support programs.
- Consider **FreshStart**, a FREE four-week smoking cessation program developed by the American Cancer Society and offered to you by St. Elizabeth Healthcare. **Call (859) 301-5570 for more information.** You can also call Quit Now Kentucky at 1-800-QUIT NOW (784-8669).
- Other medicines can help break the habit of smoking.



There are many health benefits of quitting smoking and some begin almost immediately. Every week, month and year without tobacco further improves your health.

Within 20 MINUTES of quitting: Your blood pressure and pulse rate drop to normal and the temperature of your hands and feet increases to normal.

Within EIGHT HOURS of quitting: Your blood carbon monoxide levels drop and your blood oxygen levels increase to normal.

Within 24 HOURS of quitting: Your risk of a sudden heart attack goes down.

Within 48 HOURS of quitting: Your nerve endings begin to regrow. Your senses of smell and taste begin to return to normal.

Within TWO WEEKS to THREE MONTHS of quitting: Your circulation improves. Walking becomes easier. Your lungs work better. Wounds heal more quickly.

Within 1-9 MONTHS of quitting: You have more energy. Smoking-related symptoms, such as coughing, nasal congestion, fatigue and shortness of breath improve. You may have fewer illnesses, colds and asthma attacks. Shortness of breath may gradually decrease with everyday activities.

Within ONE YEAR of quitting: Your risk of coronary heart disease is half that of someone still using tobacco.

Within FIVE YEARS of quitting: Your risk of mouth, throat, esophagus, and bladder cancers are reduced by half.

Within 10 YEARS of quitting: Your risk of dying from lung cancer is about half that of a person who still smokes.

Treatments

There is no cure for COPD, but there are many strategies to relieve symptoms and slow disease progression. Some strategies include: aids to stop smoking, medications, oxygen, and/or use of a CPAP or BIPAP machine.

Refer to page 4 for information on **quit-smoking aids**.

Medicines used to treat COPD include:

- Inhalers to help open the airways.
- Inhaled or oral steroids to reduce lung inflammation.
- Anti-inflammatory drugs to reduce swelling in the airways.

Your doctor may also prescribe antibiotics because infections can make COPD worse.

CPAP and BIPAP machines are methods to help you breathe with the use of air pressure through a snug fitting mask.

- In both methods, air is blown into your lungs to help keep you breathing well.
- Your healthcare provider will recommend whether CPAP or BIPAP would be helpful for you.
- Wear your CPAP or BIPAP as prescribed.
- Make sure your CPAP or BIPAP is functioning correctly.
- Your CPAP or BIPAP machine and mask need to be cleaned regularly.
- You may be placed on a BIPAP or CPAP in the Emergency Room to help with your breathing until it improves.

You may need **oxygen therapy** at home if you have a low level of oxygen in your blood.

- Oxygen is a medical treatment, so use it as prescribed by your doctor.
- Know your numbers (or titration range). If you are a CO₂ retainer, turning your oxygen up can cause more harm than good.
- Do not change your liters of oxygen without talking to your doctor.
- Suggested oxygen saturation goal in COPD patients is 88-92% unless mentioned otherwise.
- Ask your doctor for your recommended **titration level**.



Your COPD Action Plan

Use your COPD Action Plan and know where it is at all times. It will help you understand the steps that should be taken to treat your symptoms to keep you in the GREEN.

“I’M DOING WELL”

The GREEN ZONE - Daily actions to maintain your symptoms with COPD:

- Continue daily maintenance medications.
- Continue O2 as prescribed.
- Continue regular activities and exercise.
- Maintain adequate nutrition and hydration.
- Get a good night’s sleep.
- Wash your hands often.
- If you still smoke, plan to quit.

“IT’S A BAD DAY”

The YELLOW ZONE - Symptoms are occurring and actions are necessary:

- Continue daily maintenance medications, PLUS take your rescue inhaler.
- Call your doctor.
- Practice pursed lip breathing.
- Continue O2 as prescribed.
- Avoid any extra activity that may make you feel worse.
- Get plenty of rest and keep hydrated.


“EMERGENCY”

The RED ZONE - There is no time to waste:

- Take your rescue inhaler or nebulizer.
- Call 911.

Get to know your usual symptoms, sleep patterns and when you are having good or bad days. This can help you learn the difference between your normal symptoms and signs of a COPD flare-up. You are an important part of your healthcare team. When you follow this COPD Action Plan, you help your lungs work better and your body stay healthy.

Living Well with COPD

GREEN ZONE	I'm doing well	ACTIONS:
My COPD is well CONTROLLED <ul style="list-style-type: none"> • Usual activity - without shortness of breath. • Usual amount of phlegm/mucus. • No increase in cough, wheezing or shortness of breath. • Sleeping well. • Good appetite. 		<ul style="list-style-type: none"> • Continue daily medications as directed. • If needed, continue O2 as prescribed: _____ liters. • Continue regular activities and exercise. • Maintain adequate nutrition and hydration. • Get a good night’s sleep. • Wash your hands often. • If you still smoke, plan to quit.
YELLOW ZONE	It's a bad day	ACTIONS:
My COPD symptoms indicate that I need to talk with my provider. <ul style="list-style-type: none"> • Having trouble breathing - more short of breath. • I have less energy for my daily activities. • I’m using my rescue inhaler/nebulizer more often. • Increase in cough and/or phlegm. • My phlegm is thicker and has changed color. • My appetite is not good. • Daily maintenance medications are not helping. • Fever. 		<ul style="list-style-type: none"> • Continue daily medication PLUS rescue inhaler. • Call Physician: _____ _____ for possible steroids or antibiotics. • Practice pursed lip breathing. Try and stay relaxed. • Continue O2 as prescribed by your provider. • Avoid any extra activity that may make you feel worse. • Get plenty of rest and keep hydrated.
RED ZONE	EMERGENCY	ACTIONS:
My COPD symptoms indicate that I need to be evaluated immediately! <ul style="list-style-type: none"> • Severe shortness of breath at rest. • Unable to do normal activities because of breathing. • Unable to sleep because of breathing. • More drowsy, confused. • Chest pain. Fever and chills. 		<div style="text-align: center;">  <p>Take your rescue inhaler or nebulizer</p> <hr/> <p>Call 911</p> </div>

The information included on this COPD Action Plan should not be used as a substitute for Professional Medical Advice.

Understanding COPD Flare-Ups

COPD symptoms can worsen suddenly. You may find it harder to breathe. This problem is called a COPD exacerbation or COPD flare-up. Without treatment, flare-ups can be life threatening, and frequent COPD flare-ups can cause further damage to your lungs. You can often manage a flare-up right away with medicines and self-care.

Work with your doctor on your COPD Action Plan so you know what to do during a flare-up.

WARNING SIGNS of COPD FLARE-UPS—these symptoms get worse and just won't go away:

- More shortness of breath than usual.
- You have less energy for daily activities.
- You are using your rescue inhaler/nebulizer more often.
- You have increase in cough and/or mucus.
- Mucus is thicker and has changed color.
- Your appetite is not good.
- Your daily maintenance medications are not helping.
- You have a fever.

If you have a full-blown exacerbation, you may need to go to the hospital.

What to Do at the First Sign of a Flare-Up

- Don't panic. Use pursed lip breathing to slow your breathing and help you relax.
- Follow your COPD Action Plan.
- Use oxygen as prescribed. Know your numbers (or titration range). Pulmonary doctors often recommend a **titration level**, which means the oxygen level that they want you to keep when resting and with activity. It is important to know these numbers.
- If your symptoms keep getting worse, call your doctor or go to the hospital.

How to Prevent COPD Flare-Ups

- Stop smoking and avoid second-hand smoke.
- Take your medicines as directed.
- Avoid poor air quality, extremes of temperature and all aerosol sprays including perfume, deodorant, bug sprays, cleaning products and room air fresheners.
- Stay away from sick people.
- Wash your hands often.
- Get your flu and pneumonia vaccinations.



Your COPD Medications

The medications that your doctor prescribes for COPD will depend on your symptoms and the severity of your condition. The most common medication types for treatment are:

Maintenance Medications

These medications control your symptoms and should be taken whether you are feeling good or feeling bad. Regular use of these medications every day will prevent and reduce flare-ups.

Quick-relief Medications

These medications, also known as **rescue medications**, can be taken in between your maintenance medications or when you leave your home and have trouble breathing.

If you have COPD and are in need of your maintenance medication or quick-relief medications, please ask/call your doctor. You may also be prescribed antibiotics, oral steroids or oxygen therapy, depending on your needs.



TIPS FOR TAKING YOUR MEDICATIONS:

- 1 Link taking your maintenance medications with another daily activity like brushing your teeth or eating a meal.
- 2 Do not wait until you run out of medication to call your doctor for a refill.
- 3 Carry a list of your medications with you.
- 4 If you have any side effects from your medications, call your doctor right away.

Respiratory Medication Devices

You may be prescribed both a nebulizer and inhaler. A **NEBULIZER** turns your COPD medication into a mist.

Follow these steps to set up and use your nebulizer:

- Connect the hose to the air compressor.
- Fill the medicine cup with your prescription. To avoid spills, close the medicine cup tightly and always hold the medicine cup upright.
- Attach the other end of the hose to the mouthpiece and medicine cup.
- Turn on the nebulizer machine.
- Place the mouthpiece in your mouth. Keep your lips firm around the mouthpiece so that all of the medicine goes into your lungs.
- Breathe through your mouth until all the medication is gone. The nebulizer treatment usually takes 10 to 15 minutes. Some people use a nose clip to help them breathe only through their mouth.
- Turn off the machine when you are finished.
- Clean equipment per your oxygen company's guidelines.

An **INHALER** is a quick way of administering medication directly into your lungs. Always bring your rescue inhaler if you leave the house.

- There are many different types of inhalers. If you need help using your inhaler device, ask your respiratory therapist or your doctor.
- If your inhaler contains a steroid, rinse your mouth after use and do not swallow.

Do you have a spacer? A spacer is a holding chamber that attaches to your inhaler so you receive more of your medication from your inhaler.



BE SURE TO ASK YOUR HEALTHCARE PROVIDER THESE MEDICATION QUESTIONS:

- How do I take my inhaler?
- Should I be using a spacer with my inhaler?
- Am I able to afford the medications you have ordered for me?
- Are there savings cards available for my medications?
- What are my maintenance medications?
- What is my quick-relief medication?

Call your doctor right away if you are having trouble using or buying your nebulizer or inhaler.

Breathing Training

PURSED LIP BREATHING helps calm you when you are short of breath by slowing your breathing and providing more oxygen rich blood.

How to do pursed lip breathing:

- 1 Sit in a comfortable chair with your feet on the floor.
- 2 Inhale slowly through your nose for two counts.
- 3 Feel your belly get larger as you breathe in.
- 4 Pucker your lips as if you were going to whistle or blow out a candle.
- 5 Exhale slowly through your lips for four or more counts. Exhale normally.
- 6 Repeat these steps until your breathing calms.

Practice pursed lip breathing even when you are feeling well.



DIAPHRAGMATIC BREATHING helps your lungs work more efficiently. The diaphragm is a muscle that helps you breathe.

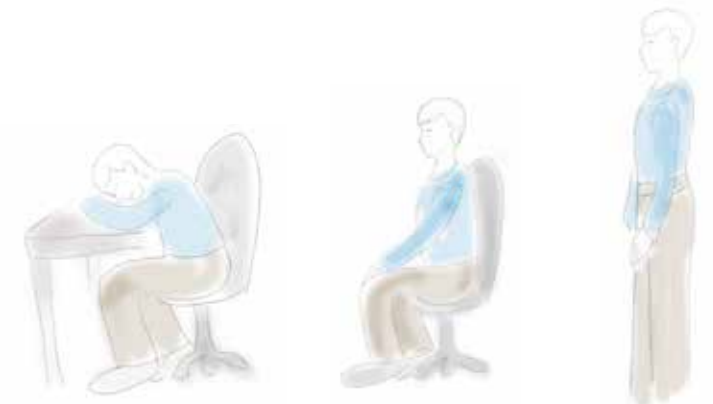
How to do diaphragmatic breathing:

- 1 Place one hand on your chest.
- 2 Put your other hand on your abdomen just below your navel.
- 3 Breathe in and out through your nose. Inhale to the count of three and exhale to the count of six.
- 4 Repeat 5-10 times.



When short of breath, try these positions:

- Sitting up.
- Sitting or sleeping in a reclining chair.
- Raising the head of the bed or using pillows to sit up.
- Leaning forward.



Understanding COPD and Healthy Living

COPD is a long-term (chronic) illness that will get worse quickly if you do not stop the causes.

Clear the Air

Your lungs need clean air.

- If you smoke, the best thing you can do for your lungs is to quit smoking.
- Make sure no one smokes in your home.
- Avoid poor air quality, extremes of temperature and all aerosol sprays including perfume, deodorant, bug sprays, cleaning products and room air fresheners.
- Reduce air pollution by getting rid of fireplace smoke and other irritants.



Exercise

Being active can build your strength so you can breathe easier.

- Start slow and know your baseline.
- Talk to your doctor about what kind of exercise is right for you.

Sleep

- A good night's sleep can make you feel better and keep you healthier.

Manage Your Days

- Don't over do it! Ask for help.
- Take frequent breaks throughout the day.
- Rest between daily activities to save your energy and give your lungs time to recover.

Nutrition

Eat whenever you are hungry. Divide your daily food into 5-6 small meals.

- Choose food high in calories.
- Enjoy milk-based or cream-based soups.
- Add healthy oils, avocado, cream cheese, margarine, butter and peanut butter to foods.
- Use regular cheeses, salad dressings, dips, sour cream and ice cream.
- Select yogurt and cottage cheese made from whole or 2% milk.
- Choose foods high in protein, including eggs, milk, cheese, yogurt, meats, cold cuts, poultry, fish, nuts and beans.
- Drink fluids between meals to prevent you from feeling full while eating.
- Drink high-calorie, high-nutrient beverages, such as milkshakes, whole milk, fortified milk and fruit smoothies.
- Purchase and prepare food ahead of time.
- Take advantage of food that require little prep, like yogurts, hard boiled eggs, pudding, cottage cheese, cheese and crackers, graham crackers and peanut butter.



COPD SAMPLE 1-DAY MENU

Breakfast

- 2 scrambled eggs
- 1 tablespoon butter/ nut butter
- 2 slices whole wheat toast
- 6 oz. orange juice

Morning Snack

- 1/2 cup instant pudding

Lunch

- 1/2 cup tuna salad
- 6 wheat crackers
- 2 canned peach halves
- 2 tablespoons cottage cheese
- 4 walnut halves

Afternoon Snack

- 1/2 cup apple juice, for smoothie
- 1 banana, for smoothie
- 1/2 cup frozen strawberries, for smoothie
- 1/4 cup dry milk, for smoothie

Evening Meal

- 3 oz. ground beef patty
- 1/4 cup gravy
- 1 baked potato
- 1 tablespoon butter
- 1/2 cup broccoli
- 1 tablespoon melted cheese, for broccoli
- 2 slices whole wheat bread

Evening Snack

- 1/2 cup ice cream

Therapies

These services can aid in your recovery.

RESPIRATORY THERAPY (RT):

Respiratory therapists can help you learn ways to live better with COPD and manage your symptoms. They can also teach you how to take your breathing medications and review your COPD Action Plan to help prepare you if you would have a flare-up. Get to know your respiratory therapist and ask them questions. They are there to help you.

PHYSICAL THERAPY (PT): Patients with COPD can benefit from increasing their activity level. A physical therapist can help get you started and guide you along the way. Some shortness of breath with activity is normal, but it's important to remain active to keep your condition from getting worse.

Physical therapy can help you strengthen your muscles (including your breathing muscles), improve your balance to prevent falls and tolerate more activities during your day. A home exercise program can be set up by a physical therapist to meet your goals. Physical therapy can be provided in the hospital, rehabilitation center, outpatient clinic and in the home.



OCCUPATIONAL THERAPY (OT):

An occupational therapist (OT) can help you with activities of daily living (dressing, bathing, cooking, and laundry). You may learn that those activities, which were once easy, now take more effort. An occupational therapist can help you to find easier ways to conserve energy.

SPEECH THERAPY: Patients with COPD can suffer from difficulty with swallowing, malnutrition and weight loss. Swallowing difficulties due to aspiration (liquid or food going down the windpipe when you swallow) of food or liquid can create recurrent COPD flare-ups or lead to complications, such as pneumonia. Please alert your physician to any problems swallowing.

Tips for safe swallowing:

- 1 Sit in the upright position or in a chair for meals.
- 2 Pace yourself when eating and drinking.
- 3 Conserve your energy during meals by consuming small frequent meals.
- 4 Remain upright 15-30 minutes after meals.
- 5 Take small bites and sips.
- 6 Maintain good oral care and brush your teeth at least two times daily.

You may need a swallow evaluation if you have:

- 1 Prolonged chewing of solids.
- 2 Shortness of breath while eating.
- 3 Feeling that liquids are going down the wrong pipe.
- 4 Feeling that food or liquids are getting stuck in your throat.
- 5 Throat clearing, coughing, increased mucus or increased congestion after swallowing.
- 6 Some patients may have no symptoms but will develop recurrent pneumonia.

Pulmonary Rehabilitation

Breathing Life Back Into People with Chronic Lung Disease

During your hospital stay, a physical therapist may receive an order to evaluate your mobility along with breathing techniques when moving.

This evaluation will assist in assessing appropriateness for Inpatient or Outpatient Pulmonary Rehabilitation, Skilled Level of Care or Home Care.

Outpatient Pulmonary Rehabilitation

Outpatient Pulmonary Rehabilitation is under the direction of a pulmonologist. Program candidates are referred by their physician or pulmonologist. This exercise-training program is monitored by a healthcare professional and consists of 2-3 days a week of up to 90 minutes each day.

Home Care Services

Home healthcare is a wide range of healthcare services that can be given in your home. Some home care services offer a respiratory therapist that can aid in coping with COPD. A healthcare professional will make a visit and assess your healthcare needs. If needed, a physical therapist may be consulted who can provide therapy 2-3 times a week. Other therapies suggested may be speech and occupational therapy. The nurse will assist with medication management, disease management and cardiopulmonary (heart and lung) assessment.

Skilled Level of Care

Skilled Level of Care is defined as skilled nursing care provided at a skilled nursing facility. This level of care offers one and a half hours of physical therapy, occupational therapy and/or speech therapy a day. The physical therapy provided will teach you how to conserve energy while exercising and gaining strength. The facility will provide meals, medications, and necessary treatments needed during your stay. Insurance companies usually cover up to 20 days with no copay. Skilled Level of Care therapy consists of 1-2 hours/day.

Inpatient Pulmonary Rehabilitation

Inpatient Pulmonary Rehabilitation requires an inpatient stay at a facility.

Both inpatient and outpatient rehabs are individually tailored to provide an accurate diagnosis, therapy, emotional support and education to improve the symptoms of patients with pulmonary disease. Inpatient Therapy is typically 5-7 days a week/15 hours per week.

Most insurance providers will require pre-approval for these services.

Benefits of Pulmonary Rehabilitation

- Fewer hospitalizations.
- Higher levels of physical activity.
- Fewer breathing complications and symptoms.
- Better self-image.



Pulmonary Rehabilitation Quiz

If you're still a little foggy on whether pulmonary rehabilitation is right for you, take the following quick quiz. It will help to determine whether you need the array of benefits pulmonary rehabilitation can provide.

1 Check all of the following activities that leave you short of breath:

- At rest
- Eating
- Simple personal care
- Bathing/showering
- Dressing
- Cleaning/straightening up
- Vacuuming
- Shopping
- Laundry
- Climbing stairs
- Cooking/washing dishes
- Walking around your house
- Walking one block
- Walking up a slight hill
- Walking at your own pace on level surface

2 Does your breathing difficulty prevent you from doing what you'd like to do?

- Yes No

3 Do you sometimes have coughing or breathing attacks upon exertion—for example, when climbing stairs or showering?

- Yes No

4 Do you smoke, or have you previously smoked for a long period of time?

- Yes No

5 Do you have frequent bouts with bronchitis?

- Yes No

6 Do you have morning coughing fits?

- Yes No

7 Do you cough up greenish-yellow sputum?

- Yes No

8 Do the following things limit your ability to remain active?

- Shortness of breath
- Fatigue
- Lightheadedness

Talk to your physician if you checked any of the activities above or "yes" boxes more than twice.

A physician's referral is required to participate in Pulmonary Rehabilitation programs.

Put your energy toward managing your disease.

1 Keep a positive attitude.

2 Stay active! By staying active and exercising, you will improve your overall fitness, strength, flexibility and state of mind.

3 Tell your healthcare professional if you are feeling depressed or anxious.

4 Learn about your COPD disease and follow your COPD Action Plan.

5 Find a hobby to keep your mind off your symptoms.

6 Look into Phase III Pulmonary Rehabilitation after you have completed phase II. Phase III is a maintenance exercise program to help patients living with chronic lung disease maintain or improve their quality of life.



Palliative Care

Palliative Care is appropriate at any age and at any stage in a serious illness. This specialized medical care for people with serious illnesses focuses on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and their families. **The St. Elizabeth Palliative Care** team is directed by a board certified physician in hospice and palliative medicine. The service also includes an advanced practice registered nurse (APRN), a master's level social worker and pastoral care staff. The service is available 24 hours a day/seven days a week.

Along with symptom management and relief, the Palliative Care team provides education, medical intervention and support regarding symptom management, communication issues, ethical dilemmas and family conference/goal setting.

Advance Care Directives and Living Will

St. Elizabeth Healthcare recommends everyone over the age of 18 to have an advance care plan. This includes preparing for the healthcare you would want if you can no longer speak for yourself. It's important to review and update the plan with any major life event, such as learning you have COPD. With COPD, your healthcare wishes and choices will change over time. It's important to have several conversations with your healthcare team throughout your life to make sure you get the care that matters most to you. This is called shared decision-making – together, you and your doctors collaborate to make sure the care you receive is the care that you desire.

Hospice Care

Hospice care helps make meaningful moments possible, even when a person is facing a serious or even terminal illness. The goal is to provide comfort and peace instead of a cure. Hospice Care provides:

- Support for the patient and the family.
- Relief to the patient from pain and symptoms.
- Help to family members and loved ones who want to stay close with the patient.
- Hospice also provides grief support in individual and group settings. These free classes help identify feelings and focus on concerns associated with grief.

BreatheEASY is a COPD program of St. Elizabeth Hospice. The BreatheEASY program helps people with COPD improve their quality of life while reducing hospital stays and emergency room visits. St. Elizabeth's BreatheEASY program enables patients and their families to manage symptoms in the comfort of their own home with the knowledge of an advanced team of caregivers. The program teaches you how to manage your symptoms, reduce feelings of breathlessness and manage your goals. Call (859) 301-4600 for more information.

Questions to ask your doctor, nurse or therapist at your next visit:

- What will make my COPD worse?
- What are some signs that my breathing is getting worse, and when should I call the doctor?
- What should I do when I feel I am not breathing well enough?
- What medications should I be taking every day (called maintenance medicine)? What should I do if I miss a day?
- Which medications should I take when I am short of breath? Is it okay to use these medications every day?
- What are the side effects of my medicines?
- How will I know when my inhalers are getting empty?
- Am I using my inhaler correctly?
- What shots or vaccinations do I need?
- Are there changes in my diet that will help me breathe better?
- How do I get prescription refills?
- What are some exercises I can do?
- How can I save some of my energy around the house?
- What does my pulmonary function test (PFT) say?
- What is my COPD assessment test (CAT) score ?
- Do I need pulmonary rehabilitation?
- Do I need to see a pulmonologist?

STOP

smoking and avoid second-hand smoke.

TAKE

your maintenance medicines every day.

HAVE your rescue medications available at all times.

FOLLOW-UP

with your physicians regularly.

AVOID

poor air quality and/or extreme temperature.

STAY

away from people with colds.

WASH

your hands often and stay active.

GET

your flu and pneumonia vaccinations.

FOLLOW

your COPD Action Plan.

Other questions to ask your healthcare provider:

The information in this resource book is not intended to replace advice given to you by your healthcare provider. Make sure you discuss any questions you have with your healthcare provider.

COPD Booklet References

American Lung Association (ALA)

American Association of Respiratory Care (AARC)

Centers for Disease Control and Prevention (CDC)

Chronic obstructive pulmonary disease. In: Ferri, FF. Ferri's Clinical Advisor 2014, 1st ed. Philadelphia, PA: Mosby Elsevier; 2013:section 1Global Initiative for Chronic Obstructive Lung Disease (GOLD). Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease. Vancouver (WA): Global Initiative for Chronic Obstructive Lung Disease

(GOLD); 2017;Qaseem A, Wilt TJ, Weinberger SE, Hanania NA, et al. Diagnosis and management of stable chronic obstructive pulmonary disease: a clinical practice guideline update from the American College of Physicians, American College of Chest Physicians, American Thoracic Society, and European Respiratory Society. *Ann Intern Med.* 2011;155(3):179-19

Anderson B, Conner K, Dunn C, et al. Institute for Clinical Systems Improvement. *Diagnosis and Management of Chronic Obstructive Pulmonary Disease (COPD)*. Updated March 2013. Available at: https://www.icsi.org/_asset/yw83gh/COPD.pdf. Accessed April 26, 2014.

Balkissoon R, Lommatzsch S, Carolan B, Make B. Chronic obstructive pulmonary disease: a concise review. *Med Clin N. Am.* 2011;95:1125-1141.

Shapiro SD, Reilly JJ Jr, Rennard SI. Chronic bronchitis and emphysema. In: Mason RJ, Broaddus VC, Martin TR, et al., eds. *Murray & Nadel's Textbook of Respiratory Medicine*. 5th ed. Philadelphia, PA: Elsevier Saunders; 2010:chap 39.

Benefits of Quitting Tobacco. Medline Plus and American Accreditation HealthCare Commission. 2017

Celli BR, ZuWallack RL. Pulmonary rehabilitation. In: Mason RJ, Murray JF, Broaddus VC, et al., eds. *Murray and Nadel's Textbook of Respiratory Medicine*.

5th ed. Philadelphia, PA: Elsevier Saunders; 2010:chap 94.

Nield MA. Efficacy of pursed-lips breathing: a breathing pattern retraining strategy for dyspnea reduction. *J Cardiopulm Rehab Prev.* 2007;4:237-244.

Bicanovsky L. Comfort care: symptom control in the dying. In: Walsh D, Caraceni AT, Fainsinger R, et al., eds. *Palliative Medicine*. 1st ed. Philadelphia, PA: Elsevier Saunders; 2008:chap 181.

Anderson B, Conner K, Dunn C, et al. Institute for Clinical Systems Improvement. *Diagnosis and Management of Chronic Obstructive Pulmonary Disease (COPD)*. Updated March 2013. Available at: https://www.icsi.org/_asset/yw83gh/COPD.pdf. Accessed April 26, 2014.

Balkissoon R, Lommatzsch S, Carolan B, Make B. Chronic obstructive pulmonary disease: a concise review. *Med Clin N. Am.* 2011;95:1125-1141.

Shapiro SD, Reilly JJ Jr, Rennard SI. Chronic bronchitis and emphysema. In: Mason RJ, Broaddus VC, Martin TR, et al., eds. *Murray & Nadel's Textbook of Respiratory Medicine*. 5th ed. Philadelphia, PA: Elsevier Saunders; 2010:chap 39.

National Asthma Education and Prevention Program Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma. Rockville, MD: National Heart, Lung, and Blood Institute, US Dept of Health and Human Services; 2007. NIH publications 08-4051.

National Asthma Education and Prevention Program. How to use a metered-dose inhaler. http://www.nhlbi.nih.gov/health/public/lung/asthma/asthma_tipsheets.pdf. Accessed May 8, 2014.

Copyright Academy of Nutrition and Dietetics. This handout may be duplicated for client education.

Patient & Family Resources



MyChart is a free secure online service to help manage your healthcare. With MyChart, you can use the internet to:

- Communicate with your physician
- View your test results
- Request prescription refills
- Request appointments

To sign up for this free service or to learn more, visit mychart.stelizabeth.com or contact your physician office.

IN ADDITION TO YOUR HEALTHCARE PROVIDER, CONTACT OR VISIT:

St. Elizabeth Healthcare

www.stelizabeth.com

St. Elizabeth Outpatient Pulmonary Rehab

Medical Village Drive
Edgewood, Kentucky 41017

(859) 301-5750

St. Elizabeth Pulmonary Function Testing

(859) 301-5757

American Lung Association (ALA)

(513) 985-3990

800-LUNG-USA (1-800- 586-4872)

www.lung.org

The Centers for Disease Control and Prevention (CDC)

(800) 232-4636

www.cdc.gov

The National Heart, Lung and Blood Institute

(301) 592-8573

www.nhlbi.nih.gov

St. Elizabeth Palliative Care

palliativecare@stelizabeth.com

St. Elizabeth Hospice/BreatheEASY:
A COPD Program of St. Elizabeth Hospice.

(859) 301-4600



Quit Smoking Information

FreshStart is a FREE 4-week smoking cessation program developed by the American Cancer Society and offered to you by St. Elizabeth Healthcare.

(859) 301-5570

www.stelizabeth.com

Quit Now Kentucky

800-QUIT NOW

(800-784-8669)

