A PATIENT SELF-CARE GUIDE FOR THE MANAGEMENT OF:

Chronic Obstructive Pulmonary Disease (COPD)

The VNSNY Chronic Obstructive Pulmonary Disease (COPD) Self Care Guide

Developed by Clinical Education at the Visiting Nurse Service of New York

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Why Is this Self-Care Guide Important?

Welcome to the Visiting Nurse Service of New York! This self-care guidebook was developed to help you and your family understand and manage COPD so that you can live a more active, happier, and healthier life.

The Visiting Nurse Service of New York developed a specialized program for our patients with COPD. This program provides a team approach to care, and focuses on rehabilitation. Our goal is to teach you self-management so that you can stay as healthy as possible.
The information that we share with you is based on the most up-to-date research and years of experience that the Visiting Nurse Service of New York has caring for people with COPD.

On your first home care visit the nurse or therapist performs a complete assessment and determines the services that are best for you. Depending on the individualized plan developed for you, services may include nursing, physical therapy, occupational therapy, speech therapy, social work and home health aide services (personal care).

**IF YOU FOLLOW THE SUGGESTIONS PROVIDED IN THIS SELF-CARE GUIDE AND WORK WITH YOUR DOCTOR AND THE TEAM AT THE VISITING NURSE SERVICE OF NEW YORK, YOU WILL:**

- ✔ Feel less short of breath
- ✔ Cough less
- ✔ Feel stronger and move around better
- ✔ Be in a better mood
- ✔ Improve the quality of your life!

This guidebook is divided into short chapters. Together with your nurse and/or therapist, you can review one chapter at a time. If you prefer to read it on your own and at your own pace that is great too!

As you read the guidebook it is helpful to write down any questions you would like to ask your nurse, therapist or doctor. They can help answer them and address your concerns.
The Visiting Nurse Service of New York COPD Program

The VNSNY program for people with COPD provides a multidisciplinary team approach to care. The COPD program may include all or some of the following services depending upon an individual's needs.

Although the program’s services may overlap, next we will highlight the prime focus of each service in assisting the person with COPD.
**Home Care Nurses**

THE VISITING NURSE WILL:

- Assess your needs on the initial visit and plan and coordinate your care with you, your family and your doctor. Depending on your specific needs, other services will be ordered.

- Assess your breathing and your response to the treatment plan developed.

- Instruct you on your medications, including the purpose, dosage and side effects, proper use of inhaler(s) and how to safely manage your medications. Assess your response to your medication(s) and coordinate with your doctor any needed changes.

- Teach you how to prevent complications of COPD, such as respiratory infections, exacerbations, malnutrition and depression.

- Evaluate your individualized plan of treatment and coordinate with you, your therapists, social worker and doctor any needed changes so that you will reach your maximal level of functioning.

- Assist you with reducing your COPD risk factors and refer you to other community resources for all the support you need to live an active and full life.

- Develop an action plan that will help you self manage your COPD and become as independent as possible.

**Physical Therapists (PT)**

PHYSICAL THERAPISTS PROVIDE:

- Exercises to help you improve your breathing

- Techniques to help you clear your lungs effectively

- Exercises to improve your strength, endurance, and ability to get around

- Instruction in sitting, standing and lying down positions which enhance breathing
**Occupational Therapists (OT)**

**OCCUPATIONAL THERAPISTS PROVIDE:**
- Instruction in using effective breathing during activities of daily living
- Energy conservation techniques which improve participation in daily activities
- Adaptive equipment to help you simplify daily tasks
- Anxiety management for dyspnea (shortness of breath)

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**Speech Language Pathology (SLP)**

**SPEECH LANGUAGE PATHOLOGIST PROVIDE:**
Treatment for swallowing difficulties and training in safe swallowing techniques, which include:
- Avoiding talking when eating
- Sitting upright
- Taking small mouthfuls
- Chewing adequately
- Drinking with dry foods
- Using a straw
- Drinking thickened fluids
The Home Exercise Program

Your therapist(s) will leave a written individualized exercise plan in your home. The therapist(s) will first demonstrate how you perform the exercises correctly and supervise you doing them so that you can do them on your own.

- The more consistent you are with doing your exercises, the more you will progress. It is recommended that you do your exercises several times per week.
- It is important for you to continue to exercise on your own even after your therapist(s) has stopped coming.
- Lifelong exercise is recommended for nearly everyone.

Medical Social Workers

People with chronic illness, such as COPD, often suffer from depression. Depression can make it more difficult for you to follow your treatment plan. In addition, you may feel overwhelmed with increased medical costs and need assistance managing.

MEDICAL SOCIAL WORKERS PROVIDE:

- Support or counseling for coping with chronic illness
- Long-term social, medical and financial planning
- Additional support if you are having difficulty quitting smoking or achieving other goals
- Assistance with planning advance directives
- Instruction in stress management techniques
- Referrals to community resources for meals, support groups, etc.
Home Health Aides

HOME HEALTH AIDES PROVIDE:

- Personal care, such as assistance with bathing, toileting, transferring and walking
- Assistance with your home exercise program
- Support to increase your independence with personal care, and activities of daily living
What Is Chronic Obstructive Pulmonary Disease (COPD)?

Chronic Obstructive Pulmonary Disease (COPD) is a disease of the lungs.

“Chronic” means it won’t go away.

“Obstructive” means partially blocked.

“Pulmonary” means in the lungs.

“Disease” means sickness or lack of ease.

The two most common types of COPD are chronic bronchitis and emphysema.

- Chronic Bronchitis: The airways of the lungs are swollen and blocked with extra mucus.
- Emphysema: The air sacs are damaged and trap air.

Many people with COPD suffer from a combination of both chronic bronchitis and emphysema.

A person with COPD may also have asthma.

Chronic Obstructive Pulmonary Disease (COPD) cannot be cured, but your doctor, and your health professionals from the Visiting Nurse Service of New York can help you improve your symptoms, slow the damage to your lungs, and better manage your illness.
How Do Normal Airways Work?

The lungs are shaped like an upside down tree. When we breathe in:

- Air moves down the trachea or throat (The “trunk” of the upside-down tree).
- The trachea then divides into two large airways called bronchi.
- Air then flows into the bronchi and then into the lungs. The bronchi branch into smaller airways called the bronchioles (The “branches” of the tree).
- Next, the air moves into tiny balloon-like air sacs called “alveoli” (The “leaves” of the tree).
- Last, oxygen from the air passes through the alveoli, or air sacs, and into the bloodstream. At the same time waste gas (carbon dioxide) passes from the bloodstream to the alveoli and is exhaled.

**IN HEALTHY PEOPLE:**
- Each airway is clear and open.
- Air fills each tiny air sac.
- Air quickly goes out of each tiny air sac.
**What Happens to the Airways When You Have COPD?**

When COPD develops:

**Less air gets into the lungs because:**

- Airway walls get thick and inflamed (swollen).
- Airways often make more mucus than normal, further narrowing the airway.
- Muscle surrounding the airways may constrict (tighten) causing the airway to narrow even more.

**The tiny air sacs are damaged:**

- They cannot empty because the walls of the airways lose their elasticity.
- Damaged airways may collapse when exhaling, causing air to get trapped in the sacs. This trapped air makes breathing harder.
- Less carbon dioxide moves out of the air sacs and less oxygen moves into the air sacs and into the blood.
- Less oxygen in the blood leads to weakness and exhaustion.
What Are the Causes of COPD?

SMOKING IS THE MAJOR CAUSE OF COPD

Most people with COPD are smokers or were smokers in the past. Most are at least 40 years old, but people younger than 40 can also get COPD.

IF YOU STILL SMOKE:

- Quitting smoking is the single most important step you can take to improve your overall health and slow the progression of COPD.
- On pages 20-25 of this guide you are provided with methods and resources to help you stop smoking.

OTHER CAUSES OF COPD INCLUDE:

- Working for many years in a very dusty or smoky place.
- Living in a home filled with fumes from cooking or from heaters used to warm the home.
- Having early childhood lung infections.
- Inheriting a rare deficiency of a substance called Alpha-1-Antitrypsin.
What Are the Symptoms of COPD?

**SWOLLEN INFLAMED AIRWAYS MAY LEAD TO SYMPTOMS SUCH AS:**

- Difficulty breathing
- Shortness of breath
- Wheezing
- Excess mucus
- Coughing
- Weakness and exhaustion
- Weight loss
- Bluish lips, nails and skin

Most people delay going to the doctor until they are having a lot of trouble breathing. They often ignore a cough or mild symptoms for years.

When having breathing problems, the sooner you see a doctor the better, because you can prevent COPD from getting worse.
How Does Your Doctor Know You Have COPD?

DOCTORS MAKE A DIAGNOSIS OF COPD:

- By taking a medical history to find out if you have:
  - Risk factors such as, smoking history, or prolonged exposure to indoor or outdoor pollution.
  - Symptoms or complaints such as, coughing, mucus production, shortness of breath and frequent colds.

- By conducting a simple breathing test called spirometry.
Spirometry

Spirometry measures the amount of air that moves in and out of the lungs and how well the air moves. The test is easy and painless. It consists of breathing hard into a rubber tube connected to a machine called a spirometer. Your doctor may order spirometry for you.

SPIROMETRY MEASUREMENTS HELP TO DETECT LUNG DISEASE AT EARLY STAGES.
This is important because early treatment and lifestyle changes can slow the progression of COPD and allow you to lead a more comfortable life.

QUESTIONS YOU MAY WANT TO ASK YOUR DOCTOR:

- How abnormal are my breathing results?
- Can my problem be treated with medications?
- What exactly should I do?
How Serious Is Your COPD?

Your doctor can tell you how serious your COPD is by your symptoms and your breathing test results.

IF YOUR COPD IS…

MILD:
- You may cough a lot. Sometimes you cough up mucus.
- You feel a little out of breath if you work hard or walk rapidly.

MODERATE:
- You may cough more, and you cough up mucus.
- You often feel out of breath if you work hard or walk rapidly.
- You may have trouble doing hard work or chores.
- You may take several weeks to recover from a cold or chest infection.

SEVERE OR VERY SEVERE:
- You may cough even more and cough up a lot of mucus.
- You have trouble breathing both day and night.
- You may take several weeks to recover from a cold or chest infection.
- You can no longer go to work or do chores around home.
- You cannot walk up stairs or across the room very well.
- You tire easily.
What Are Your Goals?

Setting goals can help you control COPD and lead an active, full life.

Think about your goals.

Listed are some common goals for people with COPD:

- To be more active
- To learn more about COPD
- To be less tired
- To be less short of breath
- To be in a better mood

LIST YOUR GOALS BELOW:

_________________________________________
_________________________________________
_________________________________________
_________________________________________
_________________________________________
_________________________________________

The team at VNSNY and your doctor can help you achieve your goals!

HELP IS OUT THERE!
It is Never Too Late to Quit Smoking!

HOW TO GET STARTED:

SMOKING CAUSES MOST CASES OF COPD.
Quitting smoking is the best way to slow the progression of COPD. It will also reduce your risk of developing other health problems, such as lung cancer and heart disease.

In fact, if you don’t stop smoking none of your efforts will be as effective as they could be, and your COPD will get worse.

- If you have already quit, CONGRATULATIONS! You can SKIP AHEAD TO PAGE 26.
- If you still smoke, continue to read about quitting and… CONGRATULATIONS on taking your first step toward living smoke free.

QUITTING IS NOT EASY.
It may take several attempts to quit smoking, but you learn something new and helpful each time you try. Do not be discouraged if you have been unable to quit in the past. It is never too late to stop smoking. Most people have to try more than once before they quit for good.
YOU CAN DO IT!
BENEFITS OF QUITTING START ALMOST IMMEDIATELY.

Within:
- 24 hours...chances of heart attack decreases
- 72 hours...breathing is easier and shortness of breath, coughing and congestion decreases
- 2-3 weeks...lung function improves
- 3 months...lung capacity improves by 30%

Long-Term:
- You will slow the worsening of COPD and avoid other health risks

QUITTING SMOKING WORKS BEST WHEN YOU’RE PREPARED.
Before you quit, START by taking these five important steps:

S = Set a quit date.

T = Tell family, friends and co-workers that you plan to quit.

A = Anticipate and plan for the challenges that you will face while quitting.

R = Remove cigarettes and other tobacco products from your home, car and work.

T = Talk to your doctor or nurse about getting help to quit.
CONSIDER NICOTINE REPLACEMENT AND/OR SUPPORT GROUPS

Nicotine is a very addictive drug and you may need a variety of methods to quit smoking:

NICOTINE REPLACEMENT THERAPY (NRT)

- Can DOUBLE your chances of quitting successfully.
- Lessens withdrawal and cravings while you work on breaking the mental habit of smoking.
- Currently available in patch, inhaler, nasal spray, lozenge and gum.
- Talk to your doctor about which nicotine replacement therapy and what dosage is best for you.
- Never smoke while using NRT. Follow the directions on the package and report any side effects to your doctor.

OTHER MEDICATIONS:

- Bupropion (Zyban®) is a medication that helps to reduce nicotine withdrawal and symptoms and the urge to smoke. Bupropion can be used safely with nicotine replacement products.
- Varenicline (Chantix®) is a medication that eases nicotine withdrawal symptoms and blocks the effects of nicotine from cigarettes if the user starts smoking again.
SUPPORT GROUPS

- The more support you get the more likely you will quit for good.
- Support Groups can help smokers learn how to deal with cravings and withdrawals.
- Counseling, nicotine replacement and other drug treatments can increase long-term quit rates from less than 10% to 30%.

INSURANCE COVERAGE

- Check your medical insurance for the type of medications and services that are covered.
- Several hospital and non-hospital based stop smoking programs will supply these medications free.
- The NYC Health and Hospital Corporation offers free or low cost support services, including counseling and other resources, at its Smoking Cessation Clinics.
  To find the location nearest to you, visit https://nycquits.org/Pages/programs.aspx

Other Smoking Cessation Services Available in New York City

- For help quitting smoking, call the New York State Smokers’ Quitline at 1 (866) NY-QUITS (866-697-8487) or visit www.nysmokefree.com. DOHMH’s Bureau of Tobacco Control maintains an online guide to “quit smoking” resources that are available for free or at nominal cost. For the complete resource guide, please visit www.nycquits.org
  For other helpful resources, see page 60 of this guide.
The Reasons I Want to Quit Smoking

To be successful at quitting smoking you must want to quit smoking more than you want to smoke.

Writing down all the reasons you want to quit smoking can be a very helpful reminder:

- Write your reasons for quitting in a little book that you can carry with you.
- Keep adding to your list as new reasons come up.
- Review your reasons for quitting when you have the urge to smoke.

LISTED ARE SOME EXAMPLES OF REASONS TO QUIT:

- My COPD won’t get worse and I will not need oxygen therapy.
- I will save $4,471 a year. (1 pack a day at $12.25 a pack)
- My apartment and clothes will not smell of cigarette smoke.
- I can take a vacation with the money I save by not smoking.
- I will cough less and be less short of breath.

WHAT ARE YOUR REASONS TO QUIT?

I want to stop smoking because ____________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
DEVELOP A PLAN TO QUIT

Work with your doctor and nurse to develop a plan to help you quit. Use the space below to write it down.

My quit date is:__________

The method(s) I will use will include: (Example, join a quit smoking group and get the nicotine patch).__________

_____________________________________________________________________________

_____________________________________________________________________________

What step(s) will I need to get started? (Example: call support groups in my area, schedule an appointment with doctor).

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

If I feel the urge to smoke, I will:__________________

_____________________________________________________________________________

_____________________________________________________________________________

Names and phone numbers of people who have agreed to help me:__________________________________

_____________________________________________________________________________

_____________________________________________________________________________

If I “slip” and smoke a cigarette, I will:______________

_____________________________________________________________________________

_____________________________________________________________________________

TO PREVENT RELAPSE:

• Review often your list of reasons to quit.

• Avoid being around smokers.

• Do things that occupy your hands, such as woodworking, gardening, and needlepoint.

• Distract yourself if you have the urge to smoke.

• Try healthy substitutes, such as carrot sticks, fruit or sugarless gum, when you feel the urge to smoke.

• Visit places where smoking is not allowed.

• GET SUPPORT.
Prevent Additional Stress on Your Lungs.

In addition to not smoking and avoiding secondhand smoke, people with COPD should avoid breathing in other irritants. Other irritants that can increase swelling in airways and increase mucus production include:

**OUTDOOR POLLUTION:**
- Get daily information on air quality. Stay indoors if air quality is poor.
- Avoid walking outside if traffic is heavy or if air is smoggy.

**INDOOR POLLUTION:**
Be aware of indoor irritants that may be making your breathing worse, such as dust, aerosol sprays, perfumes, pets and cooking odors.
- Keep smoke fumes and strong smells out of your home.
- If you must have your home painted or sprayed for insects, do it when you can stay somewhere else.
- If possible, open a window when cooking.
- Do not cook near the place where you sleep or spend most of your time.
- Consider using an air conditioner and/or air cleaners in your home.
What Do I Need to Know About My Medications?

COPD Medications may be taken to either decrease or eliminate COPD symptoms. Most COPD medications make the breathing passages larger so air can get in and out more easily.

Inhalers are used to deliver most COPD medications. When an inhaler is used most of the medication goes directly to the lungs and not throughout the rest of body. Inhalers therefore produce fewer side effects and enable medications to be given in smaller doses than in a pill or liquid form.

WHAT ARE MAINTENANCE AND RELIEVER MEDICATIONS?

Maintenance medications are needed for daily use, while relievers only need to be taken as symptoms occur.

“Maintenance” or “Controller” medications keep day-to-day symptoms under control. They provide a steady, even delivery of medication over a long period of time.

“Reliever” or “As-Needed” medications are usually only needed occasionally. Reliever medications work quickly to relieve symptoms, but usually last only a short period of time.

If you notice you are increasing your use of your reliever inhaler(s) you need to contact your doctor for possible adjustment of your maintenance medication.

TIPS:
Understanding your medications will help you to better control your breathing with the least amount of discomfort.

The next section will cover medications commonly used to treat COPD and:

- how they work
- possible problems (side-effects) they may cause
# COMMON MEDICATIONS FOR COPD*

This table is a summary of common COPD medications, how they work and some possible side effects.

## TYPE OF MEDICATION | HOW THEY WORK & GENERAL INSTRUCTIONS

### BRONCHODILATORS

| Beta-2-agonists |  
|-----------------|--------------------------------------------------|
| Short-acting (Inhaled) |  
| • Relax and open airways  
| • Help prevent exercise induced wheezing  
| • Treat sudden onset shortness of breath  
| • Usually “reliever” or “as needed” medication |

| Beta-2-agonists |  
|-----------------|--------------------------------------------------|
| Long-acting (Inhaled) |  
| • Relax and open airways, but takes effect more slowly and works longer than short-acting  
| • Help prevent exercise induced wheezing  
| • “Maintenance” medication  
| Do not use for quick relief |

| Anticholinergics |  
|-----------------|--------------------------------------------------|
| Short-acting (Inhaled) |  
| • Relax and open airways  
| • Takes effect slower than short-acting beta-2-agonists  
| • “Maintenance” medication  
| Do not use for quick relief |

| Long-acting (Inhaled) |  
|-----------------|--------------------------------------------------|
| • Relax and open airways  
| • Spiriva works up to 24 hours  
| • “Maintenance” medication  
| Do not use for quick relief |

| Methylxanthines |  
|-----------------|--------------------------------------------------|
| (Swallowed) |  
| • Relax and open airways  
| • Long-acting |

| Combination |  
|-----------------|--------------------------------------------------|
| (Inhaled) |  
| • Combines effect of two different types of short-acting bronchodilators |

### ANTI-INFLAMMATORIES

| Corticosteroids |  
|-----------------|--------------------------------------------------|
| (Inhaled) |  
| • Reduce inflammation and swelling in airways  
| • Decrease sensitivity of airway to irritants and allergens  
| • Reduce mucus production  
| • “Maintenance” medication. Must take regularly. Do not use for quick relief. |

| Combination |  
|-----------------|--------------------------------------------------|
| (Inhaled) |  
| • Combines effects of long-acting bronchodilator and corticosteroid |

| Corticosteroids |  
|-----------------|--------------------------------------------------|
| (Swallowed) |  
| • Reduce inflammation and swelling in airways  
| • Decreases sensitivity of airway to irritants and allergens  
| • Reduce mucus production  
| • Never stop abruptly. Must wean off. |

| Phosphodiesterase-4 Inhibitors |  
|-----------------|--------------------------------------------------|
| (Swallowed) |  
| • Decreases number of flare-ups or worsening of COPD symptoms (exacerbations).  
| • Not a bronchodilator and not for relief of acute symptoms. |
| Proventil® HFA, Ventolin® HFA, Proair® HFA, Accuneb® (Albuterol) | Alupent® (Metaproterenol) | Dry mouth, irritated throat, trembling, nervousness, dizziness, headache, fast or pounding heartbeat, nausea, vomiting. Take before other bronchodilators and inhaled corticosteroids. Wait at least 2 minutes before using second bronchodilator and 5 minutes before using corticosteroids. Contact doctor if sudden increase in “reliever” inhaler; may indicate a need for adjustment.

| Theo-dur®, Slo-bid®, Theo-24®, Uniphyl® (Theophyllines) | Maxair® (Pirbuterol) | Other ____________________________ |

| Atrovent® (Ipratropium bromide) | Foradil® (Formoterol) | Other ____________________________ |

| Dry mouth, blurred vision, dry cough, upper respiratory infection, dizziness, nausea.

| Theo-dur®, Slo-bid®, Theo-24®, Uniphyl® (Theophyllines) | Other ____________________________ |

| Dizziness, headache, nervousness, shaky, sleeplessness, diarrhea, nausea, heartburn, increased urination. More serious side effects can occur, such as vomiting, irregular heartbeat, chest pain, stomach pain and seizure. If these serious side effects occur seek medical help immediately. Blood levels must be checked regularly. Limit caffeine intake.

| Vanceril®, Beclovent®, Qvar® (Beclomethasone) | Pulmicort® (Budesonide) | Flovent® (Fluticasone) | Azmacort® (Triamcinolone) | Other ____________________________ |

| Dry mouth, hoarseness, throat irritation, fungal infection mouth (white spots) Very little enters bloodstream with inhalers, so few side effects Do not stop without consulting your doctor Rinse mouth after use. Do not swallow the rinse solution. Works best when bronchodilator is used first to open airway. Wait at least 5 minutes and then use corticosteroid.

| Deltasone® (Prednisone) | Medrol® (Methylprednisolone) | Other ____________________________ |

| Elevated mood, weight gain, difficulty sleeping, stomach problems, weakening of bones, bruising of skin, high blood glucose levels, swelling in feet or ankles.

* This table is not a complete list of available medications and does not endorse any type or brand of medication. It also does not include all actions, adverse reactions, precautions, side effects, or interactions for these medications. Talk to your healthcare provider or pharmacist about the possible side effects and drug or food interactions of any medication you use.
Managing Your Medications

Your COPD can be controlled with medications. Following the tips below will help you manage your medications and control your COPD.

TIPS FOR MANAGING YOUR MEDICATION

- Read the instructions about your medications.
- Ask your doctor or nurse or pharmacist about possible side effects of all your medications.
- Discuss with your doctor before stopping or starting any medications (even over-the-counter medications).
- Keep an up-to-date list of all the medications you are taking. Include how much and how often.
- Carry your medication list with you in your purse or pocket, in case of an emergency.
- Keep medications in the original bottle or container. The original bottle has the correct label and instructions. Ask your nurse about using a pillbox.
- Do not substitute over-the-counter (OTC) medications for the medications prescribed by your doctor.
- Check the expiration date on all medications.
- Do not use any medications after they expire.
- When you travel make sure you have extra medication. Keep your medication with you in your carry-on luggage.
Using Metered Dose Inhaler (MDI)

Metered-dose inhalers use a fine liquid spray to dispense medication. For your inhaler to work, you must use it correctly. The following is a general guideline for correct use:

**HOW DO I USE A SPRAY (LIQUID) INHALER?**

Prime the inhaler before using it for the first time, when the inhaler has not been used for more than 2 weeks, or when the inhaler has been dropped.

To prime the inhaler, take the cap off the mouthpiece. Then shake the inhaler well, and spray it into the air away from your face. Shake and spray the inhaler like this 3 more times to finish priming it.

1. Shake the inhaler. Take off the cap.
2. Stand or sit up straight. Breathe out.
3. Put the inhaler in or just in front of your mouth. As you start to breathe in, push down on the top of the inhaler and keep breathing in slowly.
4. Remove the inhaler and hold your breath for 10 seconds.
5. Breathe out.
6. Repeat, if so instructed. Wait 1 minute between puffs.
7. Rinse mouthpiece after use and replace the cap.

Always follow the directions that come with your inhaler and ask your doctor or nurse to demonstrate the proper use.
When to Replace Your Metered Dose Inhaler

WAYS TO CHECK THE AMOUNT OF MEDICATION IN THE INHALER:

1. On the front of your inhaler are the words “metered inhalations” or “metered doses” and a number such as 200. This means your inhaler has 200 puffs. Count the number of puffs you use each day. Divide the number of puffs in the inhaler by the number you use each day. Your inhaler will last this number of days. It may be helpful to write the date you started using it on the inhaler.

   EXAMPLE:
   Your inhaler has 200 puffs.
   - You take 2 puffs 4 times a day = 8 puffs daily
   - 200 puffs divided by 8 puffs a day = 25 days

2. Some inhalers now show a numerical display of puffs used. Check your inhaler device for this feature. It may help you keep track of your doses. For example, Ventolin® HFA has this technology (see image beside).

3. Remove the metal container from the plastic case and place it in water. Its position in the water tells you how much medication remains. If it floats it is empty. If it sinks it is full. NEVER USE THIS TECHNIQUE WITH DRY POWDER INHALERS.
Spacers

If you do not use your metered dose inhaler the correct way, much of your medication may end up on your tongue, on the back of your throat, or in the air. Use of a spacer can help prevent this problem.

A spacer is a device that attaches to your metered dose inhaler. A spacer catches the mist produced by your inhaler and holds it so that you can breathe it in slowly. Spacers are not for use with dry powder inhalers.

Many different types of spacers are available. Always follow the directions that come with the spacer and ask your doctor or nurse to demonstrate the proper use.

Discuss with your doctor whether a spacer is good for you.

GENERAL GUIDELINES FOR USING SPACER:

1. Shake the inhaler and remove the cap from the inhaler and/or spacer.
2. Attach the spacer to the inhaler.
3. Breathe out, away from the spacer.
4. Bring the spacer to your mouth, put the mouthpiece between your teeth and close your lips around it.
5. Press the top of your inhaler once.
6. Breathe in very slowly until you have taken a full breath.
7. Hold your breath for about ten seconds, and then breathe out.
Dry Powder Inhaler

Dry powder inhalers contain medication in a powder form. There are many different types of dry powder inhalers and they work differently. Always read the instructions that come with your inhaler and/or ask your nurse or doctor.

GENERAL GUIDELINES FOR USING POWDER INHALERS

1. “Prime” your dry powder inhaler. Ask your doctor, pharmacist or nurse to demonstrate how to prime your dry powder inhaler. Priming your inhaler prepares the medication for delivery into your lungs.

2. Stand or sit up straight.

3. Breathe all of the air out of your lungs.

4. Put the dry powder inhaler to your mouth and seal your lips on it.

5. Take a quick but deep breath. (This helps the medication get deep into your lungs). You will not taste or feel the medication.

6. Take the mouthpiece out of your mouth. Hold your breath for 5-10 seconds (count to ten).

7. Breathe out slowly. Repeat the above steps if instructed by your doctor.

8. Rinse your mouth with water after you are finished using the inhaler.

OTHER IMPORTANT POINTS

• Keep the inhaler in a dry place. Do not wash it or get it wet.

• Do not use the dry powder inhaler with a spacer.

• Read the manufacturer’s instructions for care.
Nebulizer

A nebulizer is a device that produces mist. A nebulizer uses oxygen or compressed air to deliver liquid medications to the lungs. Ask your health care provider to show you how to use your nebulizer.

GENERAL GUIDELINES FOR USING A NEBULIZER:

1. Add the correct amount of medicine to the nebulizer cup. If necessary dilute the medication as prescribed.
2. Attach the mouthpiece to the T-shaped part, and then connect the lid to the nebulizer cup.
3. Put your lips firmly around the mouthpiece (some nebulizers may have a mask instead of a mouthpiece).
4. Turn on the machine. The nebulizer will produce a mist in the cup.
5. Take slow, deep breaths through your mouth (breathing through your nose will prevent the medicine from getting deep into your airways).
6. Hold each breath for a few seconds before exhaling.
7. Continue until the medicine cup is empty (about 10-15 minutes).
8. Store your medicine as instructed on the label. Clean the nebulizer according to the manufacturer’s directions.
Oxygen Therapy ($O_2$)

If your COPD is severe your doctor may prescribe oxygen. Your doctor will prescribe your oxygen frequency of use and flow rate. (The flow rate is the amount of oxygen you receive in one minute).

Some people are instructed to use oxygen when they feel increased breathlessness; others may use it just at night.

If your COPD is very severe, your doctor may want you to use it at all times.

Oxygen can help to increase mobility and mental ability and to decrease sleeplessness, headaches and irritability.

Oxygen is provided in a liquid oxygen container, an oxygen tank, or an oxygen concentrator. Portable equipment is also available. Each type has different advantages.

Discuss with your health care provider the different types of equipment you may use.

**LEARN ABOUT YOUR OXYGEN EQUIPMENT:**

Have the medical equipment supplier demonstrate how to:

- Set up and clean the oxygen equipment.
- Refill the unit, if necessary.
- Check the unit for problems.
- Check the flow rate.
USE YOUR OXYGEN EQUIPMENT SAFELY:
- Don’t smoke near the equipment.
- Ask people around you not to smoke.
- Keep the tank away from an open flame, gas stove, wood-burning stove, etc.
- Keep the equipment away from electrical appliances that may spark.
- Don’t use petroleum jelly.
- Keep the system upright.
- Turn it off when not in use.
- Never change the flow rate or frequency of use without your doctor’s approval.
- Keep properly working smoke detectors in your home.

TRAVELING WITH OXYGEN:
Using oxygen equipment doesn’t mean you have to stay at home. With a little planning, you can go anywhere you like!
- Find out how long your portable oxygen supply will last. Plan for unexpected delays.
- Plan refills. Check with your local supplier for oxygen suppliers in route and at your final destination.

OXYGEN AND FLYING:
Before flying call your airline to discuss their policies regarding passengers using oxygen.

THE FOLLOWING ARE SYMPTOMS THAT YOU ARE NOT GETTING ENOUGH OXYGEN AND NEED TO SEEK EMERGENCY CARE:
- Sudden, difficult, or slow breathing.
- Restlessness and anxiety.
- Constant headache.
- Slurred speech, difficulty concentrating or feeling confused.
- Bluish lips or finger nails.
People with COPD often feel **shortness of breath**, which may cause **fear and anxiety**.

**Fear and anxiety** may lead to **less activity** which will make you **physically weaker**.

Physical weakness may lead to **worsening shortness of breath** with the same level of activity.

In response to this **worsening shortness of breath** you may do **less and less activity**.

The less and less you do of your normal activities often leads to **depression**.

Together these factors may lead to a **decreased quality of life**.

The goal of the **VNSNY COPD Program** is to change the direction of this downward spiral.

We call it the **Upward Spiral of The VNSNY COPD Program**, which is explained on the following page.
The VNSNY COPD Program will help you reverse the downward spiral of COPD.

An individualized exercise program will be developed by therapists to help you with your shortness of breath.

The COPD Program will also include exercises to improve your strength, endurance and ability to get around and do more activity.

As you get physically stronger you probably will feel less shortness of breath and will be able to do more and more activity.

Being able to do more of your normal activities will probably lead to a better mood.

Together these factors will lead to an improved quality of life.

For the VNSNY COPD Program to be most effective it is important for you to reduce your risk factors, take your medications properly and learn how to self-manage your disease.
Controlling Your Breathing

PURSED-LIP BREATHING

DO YOU EVER FEEL LIKE YOU CAN’T CATCH YOUR BREATH?
DO YOU WAKE UP FEELING BREATHLESS?

Shortness of breath can be scary and gasping for air and breathing faster does not help you feel less breathless!

What does help you breathe better are breathing exercises. Breathing exercises help you move air in and out of your lungs.

TRY THESE BREATHING TECHNIQUES:

PURSED-LIP BREATHING

Pursed-lip breathing helps get rid of the air trapped in your lungs. It also helps open up your airways and slow your breathing.

TIPS:

With regular practice, this technique will begin to seem natural to you. It can be used during physical activity or any time you feel short of breath.
FOLLOW THESE STEPS:

1. Breathe in slowly through your nose, keeping your mouth closed. Hold your breath for 2-3 seconds.

2. Purse your lips like you are going to whistle.

3. Breathe out slowly through your pursed lips for four seconds or more until your lungs feel empty. You should make a soft whistling sound when you breathe out. Breathe out naturally: Do not push the air out of your lungs.

Pursed-Lip Breathing
ABDOMINAL BREATHING
(DIAPHRAGMATIC) BREATHING

The diaphragm is the large muscle under the lungs. As you breathe out, it pushes on the lungs, forcing stale air out. Your abdominal muscles help move the diaphragm and give you more power to empty your lungs.

FOLLOW THESE STEPS:

1. Sit in a comfortable position. Place one hand on your stomach and the other on your chest. Inhale slowly through your nose. Count to 2. Your stomach muscles will relax and move out.

2. Breathe out through pursed lips. Count to 4. Feel your stomach muscles tighten and move in.

3. Slowly breathe in and out through your nose, using your stomach muscles. If you do this right, the hand on your stomach will rise and fall as you inhale and exhale. The hand on your chest should hardly move. Time your breathing so that you exhale for twice as long as you inhale.

TIPS:
You can practice this technique while lying down with 1-2 pillows under your head or while standing or walking. You can combine it with your pursed-lip breathing exercise. With regular practice you will breathe easier.
Clearing Your Lungs

COUGHING
There are special ways to cough that will help move extra mucus out of your lungs. Deep coughing and “huff” coughing are good ways to bring up extra mucus. If prescribed, use your inhaler before you try to bring up extra mucus. The medicine will open your airways and loosen the mucus.

DEEP COUGHING
An effective cough can also help you bring up mucus and clear your airways. You can use this technique with postural drainage or any time you feel the urge to cough.

1. Sit so that you are leaning slightly forward. Your feet should be flat on the floor. Fold arms across abdomen.
2. Breathe in slowly and deeply through your nose. Hold your breath for a few seconds.
3. Cough 2 or 3 times through a slightly opened mouth as you exhale. (Cough into a tissue). An effective cough should sound low and hollow, not high-pitched.
4. Take a slow, deep breath through your nose. Breathe normally for several minutes. Repeat the procedure several more times, or as often as prescribed.
Postural Drainage and Chest Percussion

Many people with COPD have excess mucus in their airways.

Clearing mucus will help you breathe more easily and prevent infections.

Ask your therapist or doctor if you should use these techniques.

A trained therapist may teach you both postural drainage and chest percussion.

**POSTURAL DRAINAGE:**
This procedure uses gravity to drain mucus from deep in your lungs.

**CHEST PERCUSSION:**
Your therapist may rhythmically clap your back for 3-5 minutes with cupped hands. This is done during postural drainage or separately. This technique is called chest percussion. It loosens mucus.
Exercising

Regular exercise can help you breathe better by improving the working of the heart, lungs and muscles.

Find out from your doctor or therapist what type of exercise is best for you.

**MYTH:**
People with COPD are too short of breath to exercise.

**FACT:**
Regular exercise can help people with COPD feel less short of breath.

Your doctor may instruct you to use your inhaler(s) before exercising.

Your therapist will individualize your exercise plan to improve both your strength and endurance.

**YOUR EXERCISE PLAN MAY INCLUDE:**
- Exercises to make your arms and legs stronger.
- Postural training on proper ways to sit and stand to improve your breathing.
Relaxing Your Mind and Body

Shortness of breath can make you feel anxious, and even frightened.

There are many relaxation techniques that you can learn to overcome anxiety and breathe more easily.

You may need to try a few to find the best relaxation techniques for you.

Audiotapes are available for most of these techniques. You can usually find them in bookstores or health food stores. Some people find it helpful to follow tapes.

Begin by sitting or lying comfortably in a quiet place.
RELAXATION TECHNIQUES:

PROGRESSIVE MUSCLE RELAXATION
This involves tensing and relaxing muscle groups one at a time. Begin with your facial muscles. Feel the difference between a tense and relaxed muscle. Move to all your muscles, from head to toe, until you have tensed and relaxed your whole body.

VISUALIZATION
This technique uses your imagination. Close your eyes and imagine a relaxing scene. It may be a beautiful beach or a mountain top.
Picture yourself in this setting. What do you see? What do you hear? What do you smell? Focus on the scene for about 10-15 minutes.

MEDITATION
Close your eyes. Breathe deeply into your abdomen and concentrate on a single calming thought, word or object. If you are having difficulty staying focused, try repeating a word or sound over and over.
Saving Your Energy

If your COPD is severe you need to get the most out of each breath. Your therapist(s) will teach you ways to save energy by performing activities as easily as possible. Your therapist will also suggest equipment that will help you save energy.

TIPS TO SAVE ENERGY

- Do things slowly, while sitting, whenever possible.
- For example, if you are chopping vegetables, do it sitting at a table instead of standing up in the kitchen.
- Prepare extra meals that can be frozen. On days when you are very tired, you can just defrost a healthy, simple meal.
- Find simple ways to do chores. Keep frequently used items in easy reach. Use a small table or cart on wheels to move things.
- Wear clothes and shoes that are easy to put on. Wear loose clothes so you can breathe easily.
- Take frequent rest periods, especially between activities, such as eating or bathing.
- Visit or go outdoors when you feel your best.
- Avoid shopping at busy times when lines are long.
- Use a bath or shower stool, so you can sit down while taking a shower.
- Keep mirrors low, or use full-length mirrors, so you can sit down while combing your hair or putting on your clothes.
Maintaining a Healthy Weight

Maintaining a healthy body weight is important for people with COPD. People with COPD can experience two very different problems with weight. Some people with COPD gain weight and others have difficulty maintaining their weight.

If you are overweight, it is harder to breathe and to get around. Being overweight can make the symptoms of COPD worse. Carrying the added weight requires more work for the body and keeps the lungs from expanding fully. This results in greater breathlessness and increased tiredness.

If you are overweight, talk to your nurse or doctor about the best weight loss and exercise program for you.

Some people with COPD may have problems maintaining their normal weight. Weight loss comes from not having enough calories to keep up with daily energy demands. Additional calories are needed to make up for those burned off during the act of breathing.

If you are underweight, you will need to increase your calories. Take extra foods or drinks to help you gain weight and stay healthy. Foods that are high in calories, but easily swallowed and digested are best. In some instances, food supplements may be needed.

TIPS:
Ask your doctor what is a healthy body weight range for you.
Eating a Balanced Diet

A balanced diet includes protein (meat/fish, beans) and dairy products, fruits and vegetables, and grains. Cutting out some of the “junk” food, like soft drinks, packaged cakes and cookies, alcoholic drinks and salty snacks can also help.

Good food is like medicine. It heals and repairs your body to make you stronger.

This is true for everyone but especially for people with COPD because your eating habits may be affecting your breathing.

TIPS:
Drinking plenty of fluids can help keep your mucus thin and easy to cough up.

Drink 6-8 glasses (8-oz) of fluids per day, unless otherwise instructed by your doctor.
TIPS TO IMPROVE YOUR EATING HABITS:
WHEN YOU EAT:

- If you have problems breathing after meals or you are underweight, eat smaller, more frequent meals. This will cut down on extra oxygen you need to chew and digest each meal.
- Eat slowly, and chew foods well. Relax and take a few deep breaths.
- Talk less when you eat.
- Rest after meals.
- If you are very short of breath, plan a liquid instant meal or other foods that take less effort to chew.
- If you have problems breathing from too much gas, avoid gas-forming foods. The following gas-forming foods may bloat your abdomen, making it harder than usual for you to breathe:
  - Peas
  - Broccoli
  - Cabbage
  - Corn
  - Turnips
  - Dry Beans
  - Melons
  - Onions
  - Raw apples
  - Cauliflower
  - Cucumbers
  - Brussels Sprouts
- Foods high in salt can make you retain water and make breathing harder. Limiting salt can help you breathe better.
- If you are not very active your muscles may be getting smaller and weaker. To rebuild muscles you need extra protein from milk products, meat/fish and vitamins and minerals from fruits and grains.
Preventing Respiratory Infections

People with COPD are more prone to developing respiratory infections.

STEPS TO TAKE TO HELP PREVENT RESPIRATORY INFECTIONS:

- **Hand Washing**
  Wash your hands often. Most germs are spread through hand-to-mouth contact. Wash your hands with soap and warm water. Lather well for at least 15-20 seconds. Then rinse well.

- **Flu Shot**
  You should have a flu shot yearly, before the “flu season”.

- **Pneumonia Vaccine**
  Ask your doctor about getting the pneumonia vaccine.

- **Avoid contact with anyone who has signs of a cold or flu.**

- **Watch for signs of a cold or flu**
  Call your doctor as soon as you suspect you may be coming down with a cold or flu. Early treatment is key to avoiding complications.

Your doctor may prescribe medications to control these symptoms and help you feel better.

**REPORT TO YOUR NURSE OR DOCTOR:**

- A fever
- Increased difficulty breathing
- Nasal congestion
- Increased coughing
- Increased fatigue
- Change in amount or color of sputum
What If My COPD Gets Worse?

WHAT DOES “EXACERBATION” OF COPD MEAN?

Exacerbation means temporary worsening of COPD. An exacerbation can be from an infection in the lung, but it may never be known why symptoms suddenly worsen. Recognizing worsening signs and symptoms of COPD is an important part of managing your illness. Early treatment of worsening symptoms can prevent life-threatening problems.

Whatever the reason for your exacerbation, it is important to contact your nurse or doctor. You may need changes in your treatment plan.

A CHANGE OR INCREASE IN YOUR USUAL SYMPTOMS MAY BE AN EARLY WARNING SIGN OF AN EXACERBATION. YOU MAY NOTICE ONE OR MORE OF THE FOLLOWING:

- Increase in shortness of breath, cough or wheezing, or constant headache.
- Change in sputum amount, thickness and/or color, or the presence of blood in sputum.
- Increased weakness and tiredness, not relieved by rest.
- Forgetfulness, confusion, increased anxiety, restlessness and/or agitation.
- Slurring of speech, or difficulty completing sentences.
- Trouble sleeping, using more pillows or sleeping in a chair to avoid shortness of breath.
- Unexplained increase or decrease in weight.
- New physical symptoms, such as increase in normal temperature.
- Change in color of skin to gray, blue tint to lips or fingernails, and/or swelling in ankles.

It is important to know what actions to take when you have worsening of COPD symptoms (an exacerbation).
What Is a COPD Symptom Action Plan?

A COPD symptom action plan helps you to take the proper action based upon your COPD symptoms.

A COPD SYMPTOM ACTION PLAN INCLUDES INFORMATION ABOUT:

• What to do when feeling normal symptoms
• What to do when symptoms worsen
• When to seek immediate medical care

LEARNING TO USE A COPD ACTION PLAN:

Your action plan will have three “zones.” Each “zone” is in a different color: green, yellow or red (like the colors of a traffic light). Based upon your symptoms, you will learn to identify which zone you are in and what actions to take.
Learning to use a COPD Action Plan:
You may use the plan below or develop another plan with your nurse or doctor.

<table>
<thead>
<tr>
<th>ZONE</th>
<th>SYMPTOM</th>
<th>ACTION PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREEN ZONE</td>
<td>MEANS GO</td>
<td>• Take your medications as ordered by your doctor.</td>
</tr>
<tr>
<td></td>
<td>This means your COPD is in good control. You may have some shortness of</td>
<td>• Follow your treatment plan.</td>
</tr>
<tr>
<td></td>
<td>breath and get tired easily but no more than usual.</td>
<td>• Do your usual activities.</td>
</tr>
<tr>
<td></td>
<td>Follow the green zone action plan</td>
<td>• Follow your exercise program as instructed by your therapist and doctor.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If you are still smoking, continue your plan to quit.</td>
</tr>
<tr>
<td></td>
<td>• You can do your usual activities without changes.</td>
<td></td>
</tr>
</tbody>
</table>

**PLAN NOW FOR POSSIBLE PROBLEMS IN THE FUTURE. KEEP HANDY:**
- Phone number for the doctor, the hospital, and people who can get you there.
- Your list of medications.
- The things you will need in one place so you can act fast.
- Some extra money.
- Insurance cards.
**ZONE** | **SYMPTOM** | **ACTION PLAN**  
---|---|---  
**YELLOW ZONE MEANS CAUTION**  
Your symptoms are starting to worsen.  
Take action now to try to keep them from getting worse.  
Follow your yellow zone action plan.  

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>You are more tired than usual.</td>
<td>Pace your activities and use the energy saving and relaxation techniques.</td>
</tr>
<tr>
<td>You are not able to do your usual activities without resting.</td>
<td>Use the “pursed lip breathing”.</td>
</tr>
<tr>
<td>You have more difficulty sleeping.</td>
<td>Maintain postures that improve your breathing.</td>
</tr>
<tr>
<td>You have morning headaches, dizziness or restlessness.</td>
<td>Continue with maintenance medications and take your reliever or as-needed inhalers as directed.</td>
</tr>
<tr>
<td>You wake up feeling tired.</td>
<td>Make sure you are getting adequate nutrition.</td>
</tr>
<tr>
<td>If you are using oxygen, check that it is working properly and you are using the correct amount.</td>
<td>Increase your oxygen only as directed by your doctor.</td>
</tr>
<tr>
<td>Call your doctor or nurse to notify of your symptoms and plan follow up.</td>
<td></td>
</tr>
</tbody>
</table>
### RED ZONE MEANS STOP

Your COPD is worsening and you need to seek medical care immediately. Either call your doctor, call 911 or go to the emergency room right away.

<table>
<thead>
<tr>
<th>ZONE</th>
<th>SYMPTOM</th>
<th>ACTION PLAN</th>
</tr>
</thead>
</table>
|     | Get emergency help if you see any of these danger signs:  
• It is more difficult to talk and or you have slurred speech.  
• Sudden increase in shortness of breath not relieved by rest.  
• Skin is grayish color, lips or fingernails turn gray or blue.  
• The heartbeat or pulse is very fast or irregular.  
• Your medicine does not help for very long or it does not help at all. Breathing is still fast or hard.  
• You feel faint, are very drowsy or find it difficult to stay awake and/or you cannot be easily aroused by others.  
• Sudden increase in restlessness, anxiety and/or agitation. | CALL 911 or ask someone to take you to the nearest emergency room.  
• Follow actions in Yellow Zone. |
Planning in Advance

It is important for us all to start planning in advance.

On admission to VNSNY Home Care, your nurse or therapist will review advance care planning with you.

You and your family may want to discuss your future treatment wishes with your doctor.

End-of-life decisions are important and we can help ensure that planning honors your wishes.

SOME QUESTIONS TO THINK ABOUT

- Do you have a health care proxy?
- If you are incapacitated, what type of life support measures do you want?
Do Not Get Discouraged!

Depression is common in people with a chronic illness, such as COPD. Having COPD and being limited in what you can do because of shortness of breath can be a reason for depression.

If depression is severe enough it can get in the way of achieving your goals.

Additional help may be needed. Discuss your feelings with your nurse or doctor.

A social worker could help you with other support systems and counseling.

Some people require the help of support groups. Medications may be needed to treat depression.
Helpful COPD Resources

1. New York State Smokers’ Quitline Information
   1-866-NY-QUITS (1-866-697-8487) or call 311.
   Or visit nyc.gov/html/doh/html/smoke/smoke.html
   The NCI’s Smoking Quitline is staffed by specialists who can help you quit smoking. They can also refer you to smoking cessation programs near you that provide free medication and support groups.

2. American Cancer Society (ACS)
   1-800-227-2345 or visit www.cancer.org
   The American Cancer Society (ACS) helps people learn about the health hazards of smoking and how to become ex-smokers. It also has many booklets and pamphlets that can help you.

3. American Heart Association
   1-800-242-8721 or visit www.americanheart.org
   American Heart association makes books, tapes and videos about the effects of smoking on the heart. AHA has also written a guidebook on weight-control in quit-smoking programs.

4. American Thoracic Society
   1-212-315-8600 or visit www.thoracic.org
   Provides patient education material.
5. **American Lung Association**
   
   1-800-586-4872 (1-800-Lung-USA)
   Or visit www.lungusa.org
   Provides COPD education. Helps smokers who want to quit through its online smoking cessation programs.

6. **Nicotine Anonymous**
   
   1-631-665-0527
   Or visit www.nicotine-anonymous.org
   A free twelve-step support group for ex-smokers and smokers that have meetings throughout the NYC area.

7. **National Cancer Institute**
   
   Toll free: 1-877-448-7848 (1-877-44U-Quit)
   Or visit www.smokefree.gov/talk.html
   The NCI’s Smoking Quitline is staffed by specialists who can help you quit smoking.

8. **Center for Disease Control and Prevention**
   
   1-800-311-3435 or visit www.cdc.gov
   The CDC’s Office on Smoking and Health (OSH) is the government’s lead agency on smoking control. OSH funds booklets on smoking topics, such as relapse and helping friends quit.
Self-Rating Scales

Feeling tired and breathlessness are common complaints of people suffering with COPD.

The more severe the COPD, the worse the fatigue and breathlessness.

Sudden increases in tiredness or breathlessness may signal that you may need to follow up with your nurse and/or doctor.

The sooner you follow up and get the proper change in treatment the less likely you will need to be hospitalized for worsening of your COPD.

This is why it is important to learn how to rate your breathlessness and tiredness so that you can follow up with your doctor in time.

Your nurse or therapist can help you learn how to rate these symptoms on a scale from 0 to 10.

WHAT ARE YOUR SYMPTOMS AND STAGE?
You may want to discuss this with your doctor.
**TIREDNESS SCALE**

- **0** Not tired at all
- **1**
- **2**
- **3**
- **4**
- **5** Moderately tired
- **6**
- **7**
- **8**
- **9**
- **10** Too tired to move

**BREATHLESSNESS SCALE**

- **0** No Problem Breathing
- **1**
- **2**
- **3**
- **4**
- **5** Moderate Difficulty Breathing
- **6**
- **7**
- **8**
- **9**
- **10** Can’t catch my breath
**BORG RPE SCALE®**

Your therapist may use the following scale with you:

6  No exertion at all
7  Extremely light
8
9  Very light
10
11  Light
12
13  Somewhat hard
14
15  Hard (heavy)
16
17
18  Very hard
19  Extremely hard
20  Maximum exertion

Used by permission
Borg-RPE-skalan®
Notes:
HOME HEALTH AIDE/CAREGIVER COPD TIP SHEET

- Allow your patient to do as much self care as possible.
- While it may be faster for you to feed or dress your patient, the goal of homecare is for the patient to learn self care.
- You play an important role in assisting your patient to achieve this goal.

<table>
<thead>
<tr>
<th>OBSERVATION IF YOU SEE THIS:</th>
<th>ASSISTANCE DO THIS:</th>
<th>EQUIPMENT USE THIS:</th>
</tr>
</thead>
</table>
| 1) FEEDING:                  | Confirm with the COC/therapist:  
  - Difficulty chewing food  
  - Difficulty swallowing liquids  
  - Difficulty feeding self | Confirm with the COC/therapist:  
  - The feeding equipment used by the patient  
  - Make sure you know how the patient is supposed to use the equipment  
  Feeding Devices might include:  
  - Rocker knife  
  - Sippy cups and straws  
  - Easy grip utensils  
  - Non-slip dishes. |
|                               |  
  Confirm with COC/therapist:  
  - Foods/liquids patient is allowed to eat and drink  
  - Safe feeding techniques  
  - Verbally instruct patient and family in prescribed diet  
  - Assist with cutting food if necessary  
  - Allow patient to feed self if possible.  
  - Discourage patient from talking while eating  
  If patient unable to do any part of feeding:  
  - Place small amounts of food on spoon/fork  
  - Allow patient to chew and swallow completely before offering more food.  
  - Offer small amounts of liquid allowing patient to swallow fully before offering more.  
  - Bring oxygen device to patient, if necessary. Assist to apply, if needed. | |
| 2) DRESSING:                 | Confirm with COC/therapist:  
  - Unable to retrieve clothes from closets or dressers  
  - Unable to put clothes on or take clothes off  
  - Difficulty zipping, buttoning, tying, snapping closures | Confirm with the COC/therapist:  
  - The dressing equipment used by the patient  
  - Make sure you know how the patient is supposed to use the equipment  
  Dressing equipment might include:  
  - Sock Aide  
  - Dressing stick  
  - Reacher  
  - Long handle shoe horn  
  - Zipper pulls  
  - Button hook Velcro or elastic shoe laces |
|                               |  
  Confirm with COC/therapist:  
  - Amount and type of assistance required for dressing  
  - Proper dressing techniques  
  - Verbally instruct patient and family in proper dressing techniques  
  - Bring clothes to the patient  
  - Have patient dress while sitting, if possible, and provide physical assistance to maintain sitting as necessary.  
  - Bring oxygen device to patient, if necessary. Assist to apply, if needed. | |
| 3) BATHING:                  | Confirm with COC/therapist:  
  - Difficulty washing entire body (may be performed in tub or shower) | Confirm with the COC/therapist:  
  - The bathing equipment used by the patient  
  - Make sure you know how the patient is supposed to use the equipment  
  Bathing equipment might include:  
  - Grab bars  
  - Transfer tub bench  
  - Shower chair  
  - Hand held shower  
  - Long handled sponge/Soap mitt |
|                               |  
  Confirm with COC/therapist:  
  - Amount and type of assistance required for bathing. (Be aware that bathing/showering surfaces are slippery).  
  - Verbally instruct patient in proper bathing techniques  
  - Assist with transfer into shower or tub if necessary  
  - Soap up the face cloth for the patient if necessary  
  - Assist with hard to reach areas such as the back, the armpit of the weaker arm, the legs.  
  - If unable to get in tub/shower allow patient to wash as much as possible at the bedside using a basin. | |
**HOME HEALTH AIDE/CAREGIVER COPD TIP SHEET**

- Allow your patient to do as much self care as possible.
- While it may be faster for you to feed or dress your patient, the goal of homecare is for the patient to learn self care.
- You play an important role in assisting your patient to achieve this goal.

<table>
<thead>
<tr>
<th><strong>OBSERVATION IF YOU SEE THIS:</strong></th>
<th><strong>ASSISTANCE DO THIS:</strong></th>
<th><strong>EQUIPMENT USE THIS:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4) BED MOBILITY:</strong></td>
<td><strong>Confirm with COC/therapist:</strong></td>
<td><strong>Confirm with the COC/ therapist:</strong></td>
</tr>
<tr>
<td>- Difficulty rolling from side to side while in bed</td>
<td>- The amount and type of assistance required for bed mobility</td>
<td>- Bed mobility equipment used by the patient</td>
</tr>
<tr>
<td>- Difficulty sitting up or lying back down while in bed</td>
<td>- Verbally instruct patient in proper bed mobility techniques</td>
<td>- Make sure you know how patient is supposed to use the equipment</td>
</tr>
<tr>
<td>- Difficulty breathing while lying in bed</td>
<td>- Assist patient to roll from back to right side or back to left side (sidelying)</td>
<td>Bed equipment might include:</td>
</tr>
<tr>
<td></td>
<td>- Assist patient to move from sidelying to sitting and from sitting back to sidelying</td>
<td>- Bed rails</td>
</tr>
<tr>
<td></td>
<td>- Assist patient to assume desired position to improve breathing</td>
<td>- Half bed rails</td>
</tr>
<tr>
<td></td>
<td>- Bring oxygen device to patient, if necessary. Assist to apply, if needed</td>
<td>- Trapeze</td>
</tr>
<tr>
<td><strong>5) TRANSFERS:</strong></td>
<td><strong>Confirm with COC/therapist:</strong></td>
<td><strong>Confirm with the COC/ therapist:</strong></td>
</tr>
<tr>
<td>- Difficulty standing and moving from one surface to another</td>
<td>- Physical assistance required for transfers</td>
<td>- Transfer equipment used by the patient</td>
</tr>
<tr>
<td></td>
<td>- Verbally instruct patient in safe transfer techniques</td>
<td>- Make sure you know how the patient is supposed to use the equipment</td>
</tr>
<tr>
<td></td>
<td>- Reinforce need to lock brakes if patient is transferring into or out of a wheelchair</td>
<td>Transfer equipment might include:</td>
</tr>
<tr>
<td></td>
<td>- Make sure surface they are transferring to/from is stable:</td>
<td>- Wheelchair with removable arms</td>
</tr>
<tr>
<td></td>
<td>- Lock bed brakes</td>
<td>- Bedside commode</td>
</tr>
<tr>
<td></td>
<td>- Place bedside commode against wall, if possible</td>
<td>- Sliding board</td>
</tr>
<tr>
<td></td>
<td>- Make sure tub bench is secure</td>
<td>- Raised toilet seat</td>
</tr>
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<td></td>
<td>- Bring oxygen device to patient, if necessary. Assist to apply, if needed.</td>
<td>- Tub transfer bench</td>
</tr>
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</tr>
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<td><strong>6) AMBULATION:</strong></td>
<td>- Amount of assistance required for ambulation</td>
<td>- Ambulation devices used by the patient</td>
</tr>
<tr>
<td>- Difficulty walking from one place to another</td>
<td>- Verbally instruct patient in safe ambulation techniques</td>
<td>- Make sure you know how the patient is supposed to use the equipment</td>
</tr>
<tr>
<td></td>
<td>- Use assistive device as per COC/therapist</td>
<td>Ambulation devices might include:</td>
</tr>
<tr>
<td></td>
<td>- Provide physical assistance as necessary to advance leg, maintain standing balance or advance assistive device.</td>
<td>- Straight Cane</td>
</tr>
<tr>
<td></td>
<td>- Bring oxygen device to patient, if necessary. Assist to apply, if needed.</td>
<td>- Quad Cane (4 legs-narrow based/wide base)</td>
</tr>
<tr>
<td></td>
<td>- Roll oxygen device next to patient.</td>
<td>- Walker (rolling, gliding, standard)</td>
</tr>
<tr>
<td></td>
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<td><strong>Confirm with the COC/ therapist:</strong></td>
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**HOME HEALTH AIDE/CAREGIVER COPD TIP SHEET**

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Thanks to our generous donors, VNSNY is able to offer a vast range of direct patient services to the entire New York City metropolitan area, including those who otherwise could not afford care. For example:

- Providing urgent and long-term charitable health care to uninsured and underinsured New Yorkers as well as free health education and screenings to tens of thousands of New Yorkers
- Caring for children with chronic illnesses and developmental delays and disabilities
- Preventing caregiver burnout by providing caregiver support to reduce stress while caring for a loved one
- Pairing first-time low-income mothers with nurses committed to improving their health, well-being and self-sufficiency
- Purchasing life necessities, such as coats, medications, and transportation for our neediest patients, and offering free wigs to cancer patients
- Improving health care quality and helping patients manage chronic conditions and receive the most effective treatments possible in the comfort of their own homes thanks to vital research provided by VNSNY’s preeminent Center for Home Care Policy and Research
- Supporting Aging in Place allowing older New Yorkers to remain independent in their own homes, and with greater dignity and quality of life

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New York, NY 10021

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**Thank you!** Together with your generous support, VNSNY will continue to provide the highest-quality, skilled and compassionate home health care in the New York metropolitan area.