COPD Overview

What is COPD?
COPD stands for “chronic obstructive pulmonary disease.” It’s a condition in which the lung airways called bronchial tubes become inflamed and narrowed (chronic bronchitis) and the air sacs called alveoli become damaged and even destroyed (emphysema). Most people with COPD have both chronic bronchitis and emphysema, and some also have asthma. The inflammation causes scarring and destruction over time, and it becomes more difficult to breathe.

Taking Your Medication
Taking your medications appropriately is vital when treating COPD. Exacerbations, also called flare-ups, can be avoided by taking your medications as prescribed. Brand names of medications differ, so it will help you greatly to know not only the names of your medications, but their classification. Take the medication exactly as directed by your doctor or pharmacist. If you have any questions, contact your doctor or pharmacist right away.

Using Oxygen
Oxygen is one medication your healthcare provider may prescribe. Using oxygen can help relieve shortness of breath, and may help you perform your usual activities more comfortably. Using oxygen is also important because chronic problems, such as heart failure, can develop when oxygen levels remain low. Getting supplemental oxygen into the blood can help prevent future problems.

It’s important for you to be on the appropriate amount of oxygen. There may be three parts to your oxygen prescription:

_____ liters at night
_____ liters at rest
_____ liters with exercise and movement
Recognizing a Flare-up (Exacerbation)

It’s crucial for you to be aware of changes in your health and signs and symptoms of a flare-up. Identifying problems early and contacting your doctor allows for quick treatment, and minimizes your risk of going to the hospital. **Early warning signs or symptoms of an acute flare-up or exacerbation are unique to every person.** You are the best person to know if you’re having breathing problems. Let your family members, caregivers, or others close to you know what your flare-up symptoms are, so they can help you recognize the early signs. See the COPD action plan below for a daily checklist and COPD zones.

Recurrent exacerbations can make your underlying condition get worse faster.

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GREEN ZONE = Doing well</strong></td>
<td></td>
</tr>
<tr>
<td>No wheezing, no chest tightness, no shortness of breath.</td>
<td>Continue to take regular medicine and inhalers.</td>
</tr>
<tr>
<td>Able to do usual activities.</td>
<td>Avoid things that make breathing worse.</td>
</tr>
<tr>
<td>I’m balancing energy with rest periods.</td>
<td>Continue regular activities.</td>
</tr>
<tr>
<td>I’m avoiding irritants and allergens that make my breathing worse.</td>
<td></td>
</tr>
<tr>
<td>I’m exercising and/or attending pulmonary rehab.</td>
<td></td>
</tr>
<tr>
<td><strong>YELLOW ZONE = Getting worse</strong></td>
<td></td>
</tr>
<tr>
<td>Increased cough, wheeze, chest tightness, or increased shortness of breath.</td>
<td>If you have an action plan from your doctor, begin it now.</td>
</tr>
<tr>
<td>Waking up at night because of difficulty breathing.</td>
<td>Use rescue nebulizer or inhaler as directed.</td>
</tr>
<tr>
<td>Unable to complete activities due to shortness of breath and fatigue.</td>
<td>If not back to the Green Zone within one hour, contact doctor and take an additional dose of rescue inhaler or nebulizer.</td>
</tr>
<tr>
<td>Continue to take regular meds and inhalers every day.</td>
<td></td>
</tr>
<tr>
<td><strong>RED ZONE = Medical emergency!</strong></td>
<td></td>
</tr>
<tr>
<td>Very short of breath or wheezing.</td>
<td>Take rescue inhaler or nebulizer every 20 minutes <strong>AND</strong>...</td>
</tr>
<tr>
<td>Rescue inhalers or nebulizers haven’t helped.</td>
<td><strong>Go to the emergency room or call 911!</strong></td>
</tr>
<tr>
<td>Unable to do usual activities.</td>
<td></td>
</tr>
<tr>
<td>Symptoms are the same or getting worse after 24 hours in the yellow zone.</td>
<td></td>
</tr>
</tbody>
</table>

Daily Checklist

<table>
<thead>
<tr>
<th>Doing Well</th>
<th>Getting Worse</th>
<th>Having A Medical Emergency</th>
</tr>
</thead>
<tbody>
<tr>
<td>I took my medicine and inhalers correctly.</td>
<td>I’m balancing energy with rest periods.</td>
<td></td>
</tr>
<tr>
<td>I’m using my oxygen and/or sleep apnea device correctly.</td>
<td>I’m avoiding irritants and allergens that make my breathing worse.</td>
<td></td>
</tr>
<tr>
<td>I’m using breathing and airway clearance techniques.</td>
<td>I’m exercising and/or attending pulmonary rehab.</td>
<td></td>
</tr>
</tbody>
</table>

**Daily Checklist**

- ✔️ I took my medicine and inhalers correctly.
- ✔️ I’m using my oxygen and/or sleep apnea device correctly.
- ✔️ I’m using breathing and airway clearance techniques.
- ✔️ I’m balancing energy with rest periods.
- ✔️ I’m avoiding irritants and allergens that make my breathing worse.
- ✔️ I’m exercising and/or attending pulmonary rehab.

**Special Instructions When I Am**

- **Doing Well**
- **Getting Worse**
- **Having A Medical Emergency**

**Symptoms**

**GREEN ZONE = Doing well**

- No wheezing, no chest tightness, no shortness of breath.
- Able to do usual activities.

**YELLOW ZONE = Getting worse**

- Increased cough, wheeze, chest tightness, or increased shortness of breath.
- Waking up at night because of difficulty breathing.
- Unable to complete activities due to shortness of breath and fatigue.
- Continue to take regular meds and inhalers every day.

**RED ZONE = Medical emergency!**

- Very short of breath or wheezing.
- Rescue inhalers or nebulizers haven’t helped.
- Unable to do usual activities.
- Symptoms are the same or getting worse after 24 hours in the yellow zone.

**Actions**

- Continue to take regular medicine and inhalers.
- Avoid things that make breathing worse.
- Continue regular activities.
- If you have an action plan from your doctor, begin it now.
- Use rescue nebulizer or inhaler as directed.
- If not back to the Green Zone within one hour, contact doctor and take an additional dose of rescue inhaler or nebulizer.
- Take rescue inhaler or nebulizer every 20 minutes **AND**...
- **Go to the emergency room or call 911!**
## Quick-Relief Medications

As needed for increased shortness of breath

- **Combivent Respimat**: 1 puff 4 times a day as needed
- **Albuterol (ProAir, Ventolin, Proventil)**: 2 puffs use with spacer, OR Nebs, every 4-6 hours as needed
- **Levalbuterol (Xopenex)**: 2 puffs use with spacer, OR 0.63mg Neb, 1.25 mg Nebs, every 4-6 hours as needed
- **Other**

## Long Acting Medications

- **Spiriva**: 18mcg one time a day
- **Formoterol (Perforomist); Dry powder Inhaler (DPI) 12mcg OR Neb 20mcg/mg two times a day**
- **Other**

### Quick-Relief Medications

Gargle or rinse mouth after use

- **Fluticasone/salmeterol (Advair Diskus)**: 100/50, 250/50, 500/50 Two times a day
- **Fluticasone/salmeterol (Advair HFA)**: 45/21, 115/21, 230/45 Two times a day
- **Budesonide/Formoterol (Symbicort)**: 80/4.5, 160/4.5 Two times a day, use with spacer
- **Mometasone/Formoterol (Dulera)**: 100mcg/5mcg, 200mcg/5mcg Two times a day
- **Other**

### Oral Corticosteroids

- **Antibiotics**

### Home Oxygen Flow:

- **Sleep**: _______ LPM
- **Rest**: _______ LPM
- **Activity**: _______ LPM

Follow up with your provider

TelephoneNumber: ___________________________ Date: _______________ Time: _______________

Your COPD plan should be updated at your next provider visit. I have received a copy of my COPD action plan.

RT Signature: ___________________________ Patient Signature: ___________________________
Pulmonary Rehabilitation

Pulmonary rehabilitation is an important part of treatment for patients who have symptomatic COPD. This outpatient program takes place in a fun and friendly environment with a team of professionals who truly care about your best health and quality of life.

Your care team includes a physician, nurse practitioner, nurses, respiratory therapists, occupational therapists, dietitians, exercise physiologists, and social workers. Everyone on your team is dedicated to supporting you in a safe environment with an individualized exercise program, education, breathing retraining, smoking cessation, and medical management of symptoms.

Why should I participate in pulmonary rehabilitation?
Research shows that patients who are hospitalized for COPD exacerbation receive the most benefit if they enroll in pulmonary rehabilitation within four weeks of discharge from the hospital, especially since those patients are at a high risk for hospital readmission. Pulmonary rehabilitation can benefit you in four main ways: 1 - Decrease your shortness of breath. 2 - Increase your activity level and improve activity tolerance. 3 - Improve your quality of life. 4 - Decrease your risk of readmission to the hospital.

Who pays for pulmonary rehabilitation?
Most insurance companies, including Medicare, cover the cost of pulmonary rehabilitation. But you may have a co-pay per session, depending on your individual insurance plan.

How long does it last and where does it meet?
Pulmonary rehabilitation lasts for 10 weeks at three times per week or 15 weeks at two times per week. We’re located at St. Luke’s Meridian, just across the street (to the northeast) of the main medical center. We’re on the 5th floor of the Meadowlake Building, and our physical address is 3525 E. Louise Drive. Our phone number is (208) 706-7050.

If you haven’t heard from a member of the pulmonary rehabilitation team within a week of your hospital discharge, please call us to schedule an appointment. We look forward to working with you!

Follow up with your healthcare provider
- Following discharge from the hospital, your next very important step is to attend your follow-up appointment with your primary care provider.
- If you’ve been referred to St. Luke’s Pulmonary Rehabilitation program, an appointment has been scheduled for your initial evaluation. If you cannot attend this appointment or need to reschedule, please call (208) 706-7050.
- If you have any barriers to success, problems with medications, or any other questions, please call (208) 706-3391. We’re here for you and want to help you recover and achieve your best possible quality of life.

Breathing Techniques

We want you to be in control of your breathing—we don’t want your breathing to be in control of you. These breathing exercises allow you to do just that—take control. They take practice, so the more you practice the better prepared you’ll be when you’re short of breath and need these exercises to help you get in control.

Pursed-lip breathing
Pursed-lip breathing will slow down your breathing rate and allow for more air to get out of your lungs. Use this technique when exerting yourself.

1. Inhale slowly through your nose for at least two counts. Be sure your shoulders and neck muscles are relaxed.
2. Purse or pucker your lips, as if you were blowing out a candle. Exhale slowly through your pursed lips for at least twice as long as you inhaled.

Abdominal or diaphragmatic breathing
This type of breathing focuses on using your diaphragm to breathe—not your neck and shoulder muscles or “accessory breathing muscles.” This method allows more air to reach the bottom of your lungs. Use this technique during daily activities and at rest.

1. Sitting in an upright position, place one hand on your chest wall and the other hand on your abdomen.
2. Inhale slowly through your nose. As you inhale, you should feel your hand on your abdomen move out as your lungs fill with air. Remember to keep your neck and shoulder muscles relaxed.
3. Exhale through your pursed lips. As you exhale you should feel the hand on your abdomen move back inward as the air leaves your lungs.

Smoking Cessation

One of the most important things you can do for your health is to stop smoking. More tools are available today to help you quit than ever before. Please ask us for information about quitting smoking, or talk with your healthcare provider about resources to help you quit, including St. Luke’s Tobacco Cessation program. You can contact the Cessation program at (208) 322-1680.

Activity

It’s important to stay active following your hospitalization so you can maintain your ability to complete daily activities at home. Slowly increase your activity level day by day. Take frequent rest breaks and use the pursed-lip breathing technique.