Chronic Obstructive Pulmonary Disease – COPD Booklet
# COPD

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What is COPD?

Chronic obstructive pulmonary disease (COPD) is a lung disease. It may include chronic bronchitis, emphysema and/or asthma. COPD usually gets worse slowly over time. People with COPD have a hard time breathing.

Your respiratory system has many parts. You have two lungs, one on the right, and one on the left. The lungs are connected by bronchial tubes. Your lungs are like air-filled, spongy, balloons or alveoli. You breathe in oxygen and breathe out carbon dioxide.

The two parts changed by COPD are the airways (bronchial tubes) and the air sacs (alveoli) in the lungs. The airways lead into the lungs. The air sacs are where oxygen enters and carbon dioxide leaves your blood. With COPD, the air passages in the lungs are partially blocked. This makes it hard for the breath to go in and come out. The airways tend to close before you are finished breathing out (exhaling). If you cannot push the ‘used’ air out, it is hard to take in a deep breath of fresh, oxygen-rich air. This is why you feel short of breath.

Chronic Bronchitis

Chronic bronchitis is a swelling or inflammation of the air passages. Large amounts of phlegm (sounds like flem) fill up the airways. Shortness of breath and a chronic cough that produces phlegm for more than three months may lead to the diagnosis of COPD.

Emphysema

Emphysema is a breakdown of the air sacs and passages. The air sacs become enlarged and cannot return to normal. This may prevent oxygen from getting to the blood and carbon dioxide from getting out of the blood. This causes shortness of breath.
What are the symptoms of COPD?

Common symptoms include:
- Shortness of breath
- Shortness of breath while doing activities you always do
- Coughing such as a smoker’s cough
- Coughing up large amounts of phlegm
- Wheezing

Symptoms may be mild in the early stages of the disease. Symptoms may worsen over time.

What are the causes of COPD?

**Smoking**

Smoking is the most common cause of COPD. Being around long-term second hand smoke can also cause COPD. Smoke irritates the air passages and causes the cilia (tiny hairs in the lungs) to stop working. Cilia help to move phlegm and other particles out of your lungs. When cilia stop working, phlegm builds up and makes it hard to breathe.

**Air Pollution**

Air pollution may have the same effects on the lungs as smoking. It can cause the cilia to stop working and phlegm to build up. The air sacs in the lungs can also break down. Coughing and shortness of breath are frequent.

**Alpha-1 Antitrypsin Deficiency**

Alpha-1 Antitrypsin deficiency is a genetic condition that can cause lung and liver disease. Alpha-1 Antitrypsin is a protein that protects the lungs and liver. Without this protein, the lungs become damaged in the same way smoking and air pollution can damage the lungs.
How is COPD Diagnosed?

Medical history may include:
- Smoking
- Contact with air pollution
- Shortness of breath
- Chronic cough or wheezing
- Chronic mucus production
- Family history

Physical exam may include checking:
- Heart and lungs
- Blood pressure and pulse
- Throat and nose
- Feet and ankles for swelling
- Pulse oximetry (pulse ox)
- Weight gain or loss

Tests:
- Blood work
- Spirometry - A simple breathing test that checks the amount of air a person can blow out of the lungs.

Living with COPD
There is no cure for COPD, but there are many things you can do to manage your COPD symptoms. You should learn as much as you can about the disease and become active in your treatment plan.

Quit Smoking
The most important thing you can do is to quit smoking and limit being around second hand smoke. Your doctor can help you to do this.

Talk With Your Doctor:
- About all your symptoms, even the little ones.
- About any changes in your ability to do your daily activities.
- If you are feeling uneasy, sad or hopeless.
- About making your daily activities easier.
- About any problems you have with your medicines. You may want to talk about side effects or cost.
Your Active Role

- Learn about COPD.
- Use the COPD zones to check your status. You will learn about the COPD zones later in this booklet.
- Learn about the medicines you take.
- Take your medicines every day as prescribed.
- Keep your doctor appointments.
- Learn about healthy eating.
- Exercise as you are able.
- Ask for help with chores.
- Move things closer to you.
- Do things more slowly.
- Stay away from sick people.
- Wash your hands.
- Get flu (Influenza) and pneumonia (Pneumococcal) shots.

Stay Healthy Agreement

To stay healthy, I will:

- Avoid sick people
- Not smoke
- Stay away from other people smoking
- Avoid air pollution and stay inside on ozone action days
- Use my oxygen the way my doctor tells me to
- Take my medicine the way my doctor tells me to
- Eat a balanced diet to maintain a healthy weight
- Eat three meals and two to three snacks each day
- Get a Flu shot every year
- Get a Pneumonia shot
- Wash my hands:
  - Before eating
  - After coughing or sneezing
  - After blowing my nose
  - After being in a public place such as a store

COPD Zones

Using COPD zones can help you manage your COPD symptoms by keeping track of how you feel and what you should do in each zone.
# COPD Action Plan

<table>
<thead>
<tr>
<th>Cleaning</th>
<th>Make My Bed</th>
<th>Brush My Teeth</th>
<th>Bathing/Showering</th>
<th>Walking</th>
<th>Climbing Stairs</th>
<th>Working</th>
<th>Sleeping</th>
<th>Exercising</th>
<th>Cooking</th>
</tr>
</thead>
</table>

I can do this

I can do this with some trouble

I cannot do this

## These are my good days

### Green Zone Days

- I can do my usual activities and exercise.
- I am not coughing more than usual.
- My sleeping is normal
- My eating and appetite feel normal
- My mucous is normal.

### Actions to take

- I will take all my medicines as prescribed.
- I will keep my doctor appointments.
- I will use my oxygen as prescribed.
- I will eat and exercise regularly.
- I will avoid inhaled irritants and bad air days.

## These are my bad days

### Yellow Zone Days

- I have a low-grade fever.
- I am using my rescue inhaler with little relief.
- My cough is more frequent than normal.
- I have a change in color, thickness, odor or amount of mucus.
- I am more tired and have trouble sleeping.
- I have new or more ankle swelling.
- I am more breathless than normal.
- I feel like I am catching a cold.

### Actions to take

- I will limit my activity and use breathing techniques.
- I will use my oxygen as prescribed.
- I will take my regular medicines as prescribed.
- I will get plenty of rest.
- I will report these changes to my doctor.
- I will start special medicines* as arranged by my doctor:

### Days when I need help right away

- I feel disoriented, confused or my speech is slurred.
- I have severe shortness of breath or chest pain.
- I have a blue color around my fingers or lips.
- I am coughing up blood.
- My medicine is not helping.

### Actions to take

- I will call 911 for help right away.
- I will start these special medicines:

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*If symptoms do not improve in one day after taking special medicine, call your doctor.
Best Care for COPD

- If you smoke, quit.
- If you are ready to quit smoking, call (269) 341-7723 or go online at bronsonhealth.com/classes-events and click on Smoking/ Tobacco Cessation.
- Get a flu shot every year and a pneumonia shot as needed.
- Keep up regular exercise.
- Eat right to maintain a healthy weight.
- Use proper breathing methods.
- Watch for early warning signs of lung infection.
- Use oxygen as prescribed.
- See your doctor often even when you feel well.
- Talk with loved ones about COPD.
- Ask for help when you need it.
- Get tested for Alpha-1.
- Discuss end of life care and make a plan. Write your wishes down.

Warning Signs

Call you doctor if you have:

- A low grade fever that doesn’t go away.
- An increase in use of rescue medicine.
- Changes in color, thickness, odor or amount of mucus.
- Tiredness that lasts more than one day.
- New or increased ankle swelling.

Call 911 if you have:

- Confusion or slurring of speech.
- Severe shortness of breath or chest pain.
- Blue color in lips or fingers.

Tips for Healthy Living

- Avoid people who are sick.
- Avoid shaking hands.
- Avoid touching your face in public.
- Wash your hands often.
- Use alcohol hand gel when you cannot wash your hands.
- Avoid going outside on windy days. If you have to go out, wear a mask or scarf.
- Use your own ink pen at the doctor’s office, bank or stores.
- Use coughing methods to keep your lungs free from mucus.
- Use pursed lip breathing methods when you are active.
- Keep an updated list of your medicines with you. Update this list every time you go to the doctor, hospital or emergency room.

Modified from the COPD Foundation’s COPD Action Plan (06/20/2018)
Stop Smoking

Giving up smoking may be hard. It is one of the most important things you can do to keep your COPD from getting worse. You may have tried to quit before and failed. Do not lose hope. There are ways that can help you kick the habit for good.

While there is no cure for COPD, giving up smoking may help keep it from getting worse.

Here are some helpful hints that can help you to quit smoking:

- Talk to your doctor. He or she can talk about what options are available. (Nicotine patch, gum, medicine etc.)
- Ask your family and friends not to smoke around you.
- Ask someone to help you.
- Avoid places, events and people that make you want to smoke.
- Find a support group (even online).
- Talk to people that have been able to quit smoking.
- Put the money you would spend on tobacco towards a reward for yourself.
- Use your relaxation or meditation skills to get you through a craving.

Support

It is important to let your family, friends and co-workers know about your COPD. You will need people to support you. They will be important in helping you manage your COPD. Choose people you can trust. They need to have a basic understanding of your condition or be willing to learn about it.

Here are some things your support system can do:

- Help with chores or run errands.
- Support and keep you on track to stop smoking.
- Help you at work.
- Be a workout partner.
- Go to doctor appointments with you.
- Provide a boost to your spirit.
- Offer emotional support.
Nutrition Therapy for Chronic Obstructive Disease (COPD)

Breathing with COPD can be hard work. Good nutrition helps:

- Build strong breathing muscles.
- Your body fight illness and prevents infection.
- Give you energy needed for daily activities.
- Control your weight. If you are underweight, you may get sick easier. If you are overweight, breathing may be harder for you.
- Keep mucus thin, making it easier to cough. Drink plenty of water and other fluids or as ordered by your doctor.

Meal planning tips:

- Eat small meals, and eat often. Eat three meals and two to three snacks each day.
- Eat your biggest meal at the time when you have the most energy.
- Prepare foods ahead of time when you feel strong and have more energy.
- Accept help from family and friends for shopping and preparing meals.
- Consider having home-delivered meals, such as Meals on Wheels™.
- Wear your oxygen during meal times if prescribed by your doctor.
- Try to relax during mealtime.
- Eat slowly and chew food well. Wait until you catch your breath before taking another bite.
- Enjoy the company of others at meal times.

Ten easy steps to get the nutrients you need:

1. Include foods high in protein with most meals. Foods high in protein include:
   - Meat, poultry, and fish
   - Eggs, cheese, cottage cheese, and yogurt
   - Nuts, peanut butter, and beans

2. Choose foods high in fiber. Fiber helps keep your bowels working properly. Foods high in fiber include:
   - Breads and bread products made from wholegrain flour
   - Whole grain pasta and brown or wild rice instead of regular pasta or white rice
   - Barley, oats, quinoa, and buckwheat
- Beans and lentils
- Eat 1 to 2 cups of fruit and 2 to 3 cups of vegetables each day.
- Fruits and vegetables such as apples and potatoes, with the skin on them.
- Add granola to breakfast foods and snacks.

3. Choose fruits and vegetables in a variety of colors because they provide different vitamins and minerals your body needs.
   - Green: cabbage, broccoli, spinach
   - Red: red peppers, apples, watermelon, strawberries, raspberries
   - Yellow and orange: carrots, yellow peppers, cantaloupe, peaches
   - Purple: eggplant, blueberries, plums
   - White: cauliflower, onions, garlic, bananas

4. Drink 8 to 10 cups of water or other fluids every day or as ordered by your doctor. Check with your doctor before drinking alcohol.

5. If you have trouble eating, have weight loss, or need to gain weight. Choose foods high in calories:
   - Add butter, margarine or vegetable oils, whole milk, cream, cheese, cream cheese, nuts and nut butters to your food.
   - Select regular sour cream, dips, salad dressing and ice cream instead of low fat versions.
   - Drink whole or 2% milk and use dairy products made from whole or 2% milk.
   - Add avocado or hummus to sandwiches or salads.
   - Add granola to breakfast foods or snacks.

6. Another way to increase your calorie intake is to drink a supplement such as:
   - Ensure®, Boost®, Carnation Instant Breakfast®
   - Homemade milk shakes made from milk, yogurt and ice cream.
     Recipe for Boost Strawberry-Banana Smoothie:

     Ingredients:  Directions:
     1 can Vanilla Boost drink (8 oz) 1. Place all ingredients in blender.
     1 sliced banana 2. Blend until smooth.
     ½ cup frozen strawberries 3. Pour and serve.
     ½ cup vanilla ice cream
     Variations: Add a dash of cinnamon or nutmeg to spice it up.
     Yield: 1 serving, 640 Calories

7. For snacks, choose from a variety of foods such as:
   - 1 slice of cheese and 3 to 4 crackers with a small piece of fruit or a cup of berries
   - ½ peanut butter sandwich with 6 ounces of fruit juice
   - Toast with Nutella (chocolate hazelnut spread) and sliced bananas
   - ½ cup cottage cheese and ½ cup canned fruit such as applesauce or peaches
   - 6 ounces of yogurt and 3 to 4 wholegrain crackers
• 1 cup of milk and 3 graham cracker squares
• ½ sandwich made with meat, cheese, or tuna fish and 6 ounces of tomato juice
• 1/4 cup of nuts and a banana
• 1 hard-boiled egg or egg sandwich with fresh vegetables such as cherry tomatoes, cucumbers, peppers, or broccoli
• Baby carrots and celery sticks with hummus or vegetable dip
• 1 cup of pudding and 3 to 4 crackers
• Yogurt, granola, and fresh fruit parfait

8. Limit foods that are low in nutrients. They can fill you up quickly and make you uncomfortable:
   • Light or diet foods such as diet soda
   • Plain beverages such as tea, coffee, clear soups, or broth

9. Call your doctor if you:
   • Have difficulty swallowing
   • Cough or gag when swallowing
   • Have the feeling of food being stuck in your throat

   These symptoms may mean you may need a swallowing evaluation and a special diet.

10. If you would like help planning your diet, call 269-341-6869 to schedule an appointment with a dietitian.
**Coping with COPD**

**Dealing with anxiety**

Many people with COPD also suffer from anxiety. The feeling of not being able to get enough air into your lungs can cause anxiety and fear. Everyday events can trigger trouble with breathing. Not knowing when the next event is going to happen can make anxiety even worse.

There are things you can do to manage your anxiety:

- Talk to your doctor about your concern.
- Learn breathing skills such as pursed lip breathing.
- Learn relaxation skills or meditation.
- Medicines such as Xanax or Ativan may be helpful. Ask your doctor about these medicines.
- Keep a journal of what triggers your anxiety and try to avoid these causes.
- Spend time doing things you enjoy to keep your mind busy. Some things to do might be, hobbies, crafts, puzzles, reading or being with friends and family.

**Asking for help**

Asking for help can be hard to do for some people. It means giving up some freedom and control. This can trigger a feeling of low self-worth and of being a burden. Having COPD often means that you will have to ask others to do tasks for you.

Some routine tasks may be hard for you to do. If it always has been your job to mow the lawn, the dust and grass clippings may make it hard for you to breathe. Doing the laundry may make you very tired. It is important to realize that asking for help is not a sign of weakness. Handing over some of your work will help you manage your COPD better.

Try to:
- Make a list of tasks that you need or want done.
- Make a list of people that can help you.
- Let the person that helps you “do it their own way”.
- Show gratitude.
- Give up on being perfect.
- Pay people to help if you can.
Reducing stress

Stress can increase your symptoms of COPD and make it harder to breathe. You can manage the symptoms of COPD by reducing the stress in your life.

Find the things that cause stress in your life. This could be your work, home life, money or illness. While you cannot avoid or get rid of all stress from your life, there are ways to better deal with it.

Try to:
- Learn breathing techniques such as pursed lip breathing
- Exercise often.
- Get enough sleep.
- Eat a healthy diet.
- Change your stressful job or retire if you can.
- Learn to meditate.
- Find spiritual support or guidance.

Returning to work

Talk to your doctor to see if your job is going to make your COPD worse. Explain to him or her what you do, the setting you work in and the stress level of your job. If you decide that your current work setting will make your COPD worse, you might want to think about changing jobs or even retiring. If you decide to return to work, talk to your boss as soon as possible about your COPD. Together you can make changes that will keep you from missing days at work.

Some things that may help you at work are:
- Good air flow.
- Smoke free, dust free, fume free (e.g. ask your co-worker not to wear strong cologne or lotions).
- Get a parking space close to the door.
- Flexible schedule (working from home, if needed).
- Use a scooter to get around.
- Take a rest from talking.
- Avoid lifting heavy things.
- Break big jobs into smaller ones with rest periods in between.
Managing sexual relationships (intimacy)

Considering sexual intimacy may cause fear of:

- Not being able to breathe.
- Pain and discomfort.
- Not being able to perform.
- Being rejected.
- Not feeling “normal”.

How to cope:

- Research – What will and will not work for you.
- Talk to your doctor – Make sure you are healthy enough to have sex.
- Get support – You are not the only one dealing with this. There are resources available to help.

Common problems:

- Problems becoming aroused - Feeling too tired, frustrated, irritated, inadequate or unattractive.
- Loss of breath - Becoming exhausted and taking 10-20 minutes to fully recover. For men, a lack of oxygen may cause issues with blood flow and being able to maintain or obtain an erection.
- Depression - Can cause more stress which can make your symptoms worse or decrease the ability to perform.
- Unhealthy lifestyle - Can cause body image concerns and lower energy levels.

Make it your goal to:

- Take care of your health first and make sure you feel good.
- Make the room comfortable - you can make the room cooler with a fan.
- Have a plan - make sure you have taken your medicines, wear your oxygen, wait 2-3 hours after a meal.
- Learn how to breathe - use of pillows, fans, keeping your chest elevated, kiss for less time more often, take time to cuddle and talk to your partner.
- Be prepared - be sure to have inhaler available if needed. Do not be afraid to stop and to use any breathing aid you might need.
Taking care of your emotional health

- Your life will change. It may be harder to do the things you once enjoyed such as gardening, dancing and traveling.
- You may get angry, frustrated and depressed because of the changes you will be making in your life.
- Give yourself time to adjust to the changes. You will learn how your body reacts to activity, emotions and the environment. This may involve finding new activities or changing the way you do the ones you enjoy.
- Using your support system can be an important part of your emotional health. Talking about your feelings and sharing your frustrations are important to your mental health.

Talk with your doctor

Talking with your doctor is an important part of managing your COPD. Managing your COPD will be a team effort. It is helpful to bring a support person with you to your appointments.

You may have many questions about COPD. It can be hard to remember everything. It is common to have more questions as time goes on. Write your questions down and bring them to your next appointment.

Things to talk to your doctor about:

- Concerns you have about your current treatment.
- Trouble you are having with your breathing.
- Events or emotions that make you short of breath.
- If you still smoke, ask what you can do to stop.
- Available community services.
Exercise and Activity Guidelines

It is important for you to exercise. The best type of exercise is the type that you do! Choose activities that you enjoy and are willing to do.

Regular exercise and activity:
- Improves your heart health.
- Improves the efficiency of your lungs and muscles.
- Increases your energy and staying power.
- Improves your overall strength, balance and flexibility.
- Reduces stress, anxiety and tension.

Talk with your doctor about exercise:
- Talk to your doctor before starting any new exercise program.
- Make sure you drink enough water to stay hydrated. Remember to follow your doctor’s fluid restrictions.
- If you are unable to talk while exercising, you may be pushing yourself too hard.

Avoid these things with activity:
- Do not take a hot shower after exercise. “Cool off” at least 20 minutes before showering.
- Do not exercise while sick. Once you feel better, resume exercising by slowly working back up to your normal work out levels.
- Do not push yourself to “all out” efforts during exercise.
- Do not climb stairs as part of the exercise.
- Do not walk outside when it is very hot, humid, windy or cold.
- Do not walk in areas with many hills.

If you feel more short of breath than normal, very tired or have chest pain during or after your activity, stop and rest until you feel better. Restart your activities at a slower pace.
- Call your doctor or 911 if the symptoms do not go away after resting or taking prescribed medications.

Cardiovascular exercises: any exercise designed to safely increase your heart rate which will allow you to strengthen your heart and lungs (10-20 minutes).
- Walking
- Stationary bike
- Water aerobics
- Low impact aerobics

Cool down: slow, gentle stretching to allow your heart rate to come down after exercise and allow your muscles to relax (5-10 minutes)
- Repeat stretches from the warm up
- Cool down does not mean to sit down or to stop moving
Exertion is the amount of effort that you are using to do an activity. You can use The Rate of Perceived Exertion Scale to tell how much effort you think you are putting into your activity. It helps check if you are working at the right pace for you. This will give you a good idea of the how hard you are working for your activity. Use the information from the scale to speed up or slow down your activity to reach your goal.

**Rate of Perceived Exertion Scale:**

- 0  Nothing at all
- 0.5  Just noticeable
- 1  Very light
- 2  Light
- 3  Moderate
- 4  Somewhat heavy
- 5-6  Heavy
- 7-9  Very heavy
- 10  Very, very heavy

Keep these simple rules in mind:

- When you exercise, choose the number that best describes your level of exertion on the 0-10 scale. Be sure to include your feeling of shortness of breath and overall fatigue.
- Make your activity match what you are able to do.
- Start slow and work up to a 20 to 30 minute exercise program.
- When you start an exercise program, you may want to keep your level at 2-3, and then increase to a level of 3-4 for the rest of the exercise.
- It will take 4-10 weeks of regular exercise before you will see the best results. Try to stay consistent.

**Evaluate your response to activity. Any activity is too much for you if:**

- You become more short of breath than your normal for more than 10 minutes.
- Your pulse rate does not return to a resting rate in 2 to 5 minutes.
- Your heart pounds or beats with an irregular rhythm.
- You become unusually tired.
- You feel like throwing up or do throw up.
- You develop severe leg cramps.
- You become lightheaded, dizzy, or faint.

If any of these symptoms develop, stop what you are doing right away. If they continue, call your doctor.
Suggested Types of Exercise:

- Warm up: includes slow, gentle stretching to all muscles (5-10 minutes)

While sitting:
Pump ankles up and down.

Raise knee up toward the ceiling and alternate as if marching.

Straighten out knees by extending legs and lowering them back to floor.
Alternate both arms reaching up overhead and then slowly bring back down to your lap.

Shoulder shrugs: lifting shoulders towards your ears and then roll shoulders in a circle

While standing:
To stretch your calf muscles: hold onto the wall and place the leg to be stretched behind you. Keep that foot flat and leg straight as you lunge forward onto the opposite leg.
To stretch your thigh muscles (quadriceps): hold onto a chair and bend one knee behind you while grasping your ankle. Repeat with the other leg.

To stretch your low back: place your hands on the small of your back. Lean back as far as you can go without losing your balance.

Side reaches: reach one arm overhead and lean to the opposite side to stretch your trunk. Repeat with the other side.

Extend your arms out in front of you while locking your fingers together and then bring up over your head.
Walking

Walking is a great form of exercise but should be done carefully. Remember as you are heading out to walk, you must also be able to walk back to your home or car. Do not keep going until you feel tired and then turn around. Try to plan your walks around places where you can find benches or places to sit along the way to allow for rest stops.

Stairs

Try to minimize your use of steps and be sure you have sufficient energy to make any climb. Stairs take seven times more energy to climb than walking on flat surfaces. If there are handrails, use them.

Energy conservation and work simplification techniques

Work Simplification: completing a task in the most effective way, using the least amount of effort and the shortest possible time.

Energy Conservation: using your energy wisely to do the tasks that you have to do, and still have energy to do the activities you enjoy.

Main Principles of Energy Conservation and Work Simplification:

Plan ahead
- Do hard tasks when you have the most energy.
- Decide what time of day is best for you. Plan most important things to do at that time.
- Space activities evenly throughout the day and the week.
- Stay organized. Keep all needed items for a task in one place.

Set priorities
- Decide which tasks are most important.
- Ask others do some tasks.
- Take enough time for what you are doing so that you do not have to rush.

Pace yourself
- Avoid stairs.
- Plan rest times in your day (10-15 minutes).
- Many short rest breaks may be better than one long rest break.
- Make sure to stop and rest before you become tired.

Body mechanics
- Sit, instead of stand, when you can.
- Lift using your legs and not your back.
- Try not to twist. Move your feet when turning.
- Carry things close to your body using both hands.
Simplify
- Limit stair climbing. It takes seven times more energy than walking on flat surfaces.
- Replace heavy items with lighter ones. For example: paper plates instead of dishes.
- Break up daily tasks into separate steps that can be done throughout the day. For example, soaking dishes before washing.

**Daily Energy Conservation Techniques**

**Bathing:**
- Place grab bars where needed.
- Gather all needed items ahead of time.
- Put a non-skid mat or strips in tub.
- Wash your hair in the shower to limit bending over.
- After bathing, put on a terry cloth robe to soak up water and pat yourself dry.
- Consider using a:
  - Bath bench.
  - Handheld shower head.
  - Long-handled sponge.
  - Soap on a rope.

**Grooming:**
- Have a chair or stool in the bathroom.
- Use a raised toilet seat with grab bars.
- Store all needed items on the counter, not under the sink.
- Squeeze toothpaste by pushing the tube with the palm of your hand.
- Consider using:
  - A bucket to store items.
  - A lightweight hair dryer.
  - Built up handles on brushes, combs and toothbrushes.
  - An electric toothbrush.

**Dressing:**
- Use a shoe bag to hang shoes up, or use racks.
- Wear front closure bras or fasten back closure bras in front, then turn around.
- Sit down to dress your lower body.
- Wear loose fitting clothes. They are easier to put on and take off.
- Wear pants with elastic waistbands.
- Lower the clothing rod in the closet if clothes are hard to reach.
- If you have a weak or sore arm or leg, dress that limb first.
- Use a reacher, dressing stick, sock aid and long handled shoehorn.

**In the Kitchen:**
- Set up cupboards so the things you use most are in front.
- Store items where they are easy to reach.
• Get out all supplies before you start a project.
• Sit while you cook or do dishes.
• Slide pots and pans on the counter.
• Put sugar and flour in containers. Scoop out the amount you need instead of pouring it out.
• Do not lift heavy bags. Put small amounts in more bags.
• Install long handles on faucets and doorknobs.
• Install pull out shelving in cabinets.
• Soak your dishes before washing.
• Wear an apron with pockets to carry utensils or tools.
• Cook in larger quantities and freeze extra portions for later.
• Consider using:
  o Larger-handled utensils.
  o Lazy Susan’s.
  o Electric appliances like an electric can opener.
  o Scissors to open packages.
  o Liquid soap dispensers.
  o Both handles when picking up pots and pans.
  o A handheld sink sprayer.
  o A wheeled cart to move several items.
  o Both hands to carry groceries. Put groceries into multiple bags.
  o A trashcan with wheels.
  o A stool for food prep.

Shopping:
• Use a motorized cart at the store if available.
• Ask the cashier to put only a few things in each bag.
• Go to a store that will carry your groceries to your car.
• Write out your list in the order of how the store is setup.
• Call ahead to make sure the store has the things you want.

Laundry:
• Rest between trips up and down the stairs.
• Iron while sitting or wear clothes that do not need to be ironed.
• Pre-measure small amounts of laundry detergent, use the ultra-concentrated brands or the soap packets.
• Pin socks together before washing.
• Try to move your washer and dryer to your main living level.
• Sit at a table to sort and fold clothes.
• Wash smaller loads to avoid heavy lifting.
• Put the basket on a chair to reduce bending when loading and unloading.
• Raise frontloading washer and dryer onto a platform to avoid bending.
• Consider using:
  o Both hands to lift and move clothes.
  o Both hands to pour detergent, or use soap packets.
• A wheeled cart to move laundry to and from the washing machine.
• Separate hampers for light and dark clothes.

Cleaning:
• Hire someone to do the cleaning or lawn service if possible.
• Make the bed one entire side at a time.
• Walk with your vacuum. Keep it close instead of pushing and pulling.
• Store cleaning supplies on both ends of your home or in the room where they will be used.
• Store cleaning products in handy, easy to reach locations.
• Throw shower curtain in the wash to clean them.
• Clean small parts of your home at a time.
• Take short breaks.
• Get rid of clutter.
• Consider using:
  • A lightweight vacuum.
  • A reacher to pick up items off the floor.
  • Slow steady movements.
  • Long-handled brushes, sponges and dusters.

Miscellaneous:
• Stop doing tasks that are not important to you.
• Take things out of your purse to make it lighter.
• Ask your pharmacist to not put childproof caps on medicine bottles.
• Consider using:
  • A speaker phone.
  • An automatic garage door opener.
  • Electric scissors.
  • A lift chair.
Breathing Techniques

With COPD, you may not be able to completely get rid of your breathlessness. There are ways of helping yourself. The first step is to learn techniques that control your breathing, and help your lungs and breathing muscles work more effectively.

Use these helpful breathing techniques below to help reduce your shortness of breath during times of activity. It is best to breathe out (exhale) when you are straining your muscles and breathe in (inhale) when you relax your muscles. Use “Pursed Lip Breathing” while active and during recovery.

Keeping your arms, shoulders and neck loose and relaxed rests other muscles that help you breathe. (Tight muscles also keep you feeling tense and anxious). Use these helpful body positions and breathing techniques to help reduce your shortness of breath. You should practice these techniques 3-4 times a day, so you are able to use them when your shortness of breath is worse.

What to do if you are having shortness of breath?

- Stop and rest in a **comfortable position**.
- Stay in this position for 5 minutes or longer, until you feel better.
- Begin **pursed lip breathing** if it helps you.
- Begin doing **diaphragmatic breathing** if it helps you.
- If you have mucus begin **controlled coughing**.

Comfortable positions for shortness of breath.

**Sitting**

- Rest your feet on the floor
- Lean forward
- Rest your elbows on your knees or
- Rest your chin on your hands
- Relax the muscles in your neck and chest

**Or**

- Rest your feet on the floor
- Lean forward
- Rest your arms on a table, use pillows as needed
Standing

- Stand with your feet shoulder width apart
- Lean your back and hips against the wall
- Lean your shoulders out and down
- Hang your head down
- Dangle your arms down in front of you

Or

- Rest your hands or elbows on a table
- Relax your neck and shoulders

Sleeping

- You may have to raise the head of your bed or prop yourself with more pillows or a foam wedge.
- Lie on your side with a pillow under your neck and between your knees
Pursed Lip Breathing
- Breathe in slowly through your nose
- Hold your lips together as if you were blowing out candles
- Breathe the air out gently through your pursed lips - don’t force it
- Breathe out for twice as long as you inhaled
- Keep doing this until you feel better

Diaphragmatic breathing
- Place one hand on your upper chest and one hand on your belly
- Breathe in slowly through your nose - your hand on your stomach should rise
- Your hand on your chest should remain still
- Breathe out slowly through your pursed lips - your hand on your belly should fall as you exhale

Controlled coughing
Controlled coughing helps to remove phlegm from the lungs
- Sit in a comfortable position with feet on the floor
- Lean your head slightly forward
- Breathe in using your nose
- Keep your mouth slightly open then use your diaphragm to cough
- Cough should be sharp and short
- Gently breathe in through your nose
- Take a break
- Repeat until phlegm is coughed out
COPD Treatments & Medicines

General Guidelines for Treating COPD

There are many medicines that may help your breathing. Talk with your doctor about which medicines are right for you. If you smoke, the most important thing you can do is quit!

Daily “Maintenance” Medicine:
- Use these inhalers every day to control your COPD.
- It is important to use your daily maintenance medicine every day, even if you are feeling fine.
- These medicines may help prevent flare-ups.

Fast-Acting “Rescue” Medicine:
- Use these inhalers if you have sudden trouble breathing.
- ALWAYS carry your rescue inhaler with you.

Record Your Symptoms:
- Keep track if you are coughing more than usual.
- Look for changes in the color or amount of your mucus.
- Call your doctor if you have new symptoms or a flare-up.

Tools to Clear Mucus:
There are devices your doctor can order to help you clear mucus, such as an Acapella™, Arobika™ or positive expiratory pressure (PEP) device. Talk with your doctor if you feel you need help to get mucus out of your lungs.

Some people with COPD feel short of breath nearly all the time. Breathlessness resulting from effort is uncomfortable, but it is not harmful or dangerous in itself. If you begin to experience new or worsening symptoms, contact your doctor.

Types of Medicines

Oxygen

If you are short of breath, you may need more oxygen. Your doctor will tell you how much oxygen you need.

Extra oxygen can be given in 3 ways:

1. Compressed oxygen:
   - Metal tank is used to hold oxygen.
   - Can come in many sizes.
• Some of these tanks are heavy. These are meant to be used at home.
• Smaller tanks with wheeled carts are available to help you when you move around
  or leave home. These tanks may only last a few hours.

2. Liquid oxygen:
• Is kept chilled inside a small case.
• The oxygen warms up and becomes a gas as you breathe in.
• Liquid oxygen cases are smaller and easier to carry around.

3. Oxygen concentrator:
• Is a machine that makes oxygen from the air.
• Is heavy and stays at home.

Do not use oxygen around heat or flame. Keep the oxygen container 5 feet away from open
flames or heaters. This includes items such as candles, gas stoves, and hot water heaters.

DO NOT SMOKE WHILE YOU ARE USING OXYGEN. Do not let anyone smoke around
you. Keep oxygen tanks in an upright position. Oxygen tanks may become damaged if they fall
over.

**Fast-Acting “Rescue” Inhalers**

These medicines are called “rescue” inhalers because they work right away. They relax the
muscles around your lungs. This helps make breathing easier. **ALWAYS** carry your rescue
inhaler with you.

Keep track of the number of puffs you use from your inhaler. Some inhalers have a dose counter
on the inhaler to keep track for you. Throw away your inhaler after you have used the number of
puffs contained in the inhaler. Be sure to ask your doctor for a refill **BEFORE** you run out.

This medicine comes in two forms. It is given with either an inhaler or as a liquid. The liquid
form is used with a machine called a nebulizer. The nebulizer turns the medicine into a mist.
You breathe in the mist through your mouth. Your doctor or caregiver will show you how to use
your nebulizer.

Your doctor will tell you how much of this medicine to use. Usually this medicine is **only** used
when you are having trouble breathing. Your doctor may tell you to use this more often.

Common side effects of these medicines include:
• Headache
• Dizziness
• Muscle pain
• Trouble sleeping
Call your doctor if you notice any of these rare but serious side effects:
- Fast or uneven heartbeat
- Seizures or tremors
- Chest pain

**Long-Acting “Maintenance” Inhalers**

These are daily COPD medicines. They are taken every day to prevent breathing problems. These medicines should **NOT** be used as “rescue” inhalers. They only **prevent** breathing problems from happening.

Your doctor will tell you how much of this medicine to use. You need to take this as many times a day as you are directed. Keep track of the number of puffs you use from these inhalers. Some inhalers have a dose counter on the inhaler to keep track for you. Throw away your inhaler after you have used the number of puffs contained in the inhaler. Be sure to ask your doctor for a refill BEFORE you run out.

Common side effects include:
- Headache
- Dry eyes
- Mildly blurry vision
- Dry mouth

Call your doctor if you notice any of these rare but serious side effects:
- Chest pain
- Bloody or cloudy urine
- Change in how much or how often you urinate
- Swelling in your face, hands, ankles, or feet
- Seizures or tremors
- Unusual weakness

**Inhaled Steroids**

These medicines are “maintenance” inhalers. They are taken every day to prevent breathing problems. These medicines should **NOT** be used as a “rescue” inhalers. They only **prevent** breathing problems from happening.

Your doctor will tell you how much of this medicine to use. These medicines are usually taken twice a day (every 12 hours).

Keep track of the number of puffs you use. Some inhalers have a dose counter on the inhaler to keep track for you. Throw away your inhaler after you have used the number of puffs contained in the inhaler. Be sure to ask your doctor for a refill BEFORE you run out.
**Rinse your mouth out with water when you finish using this inhaler.** Do not swallow the water after rinsing.

Common side effects include:
- Dry mouth
- Dizziness

Call your doctor if you notice sores or white patches on your lips, mouth, or throat. This can be a serious side effect of these medicines.

**Combination “Maintenance” Inhalers**

These inhalers have two different medicines in them. These two medicines combine to make up your “daily” inhaler. They are taken every day to prevent breathing problems. These medicines should **NOT** be used as “rescue” inhalers. They only **prevent** breathing problems from happening.

Your doctor will tell you how much of this medicine to use. These medicines are usually taken twice a day (every 12 hours).

Keep track of the number of puffs you use. Some inhalers have a dose counter on the inhaler to keep track for you. Throw away your inhaler after you have used the number of puffs contained in the inhaler. Be sure to ask your doctor for a refill BEFORE you run out.

**Rinse your mouth out with water when you finish using this inhaler.** Do not swallow the water after rinsing.

Common side effects include:
- Headache
- Dry mouth
- Dizziness
- Feeling nervous

Call your doctor if you notice any of the following side effects:
- Sores or white patches on your lips, mouth, or throat
- Changes in vision
- Chest pain
- Fast or uneven heartbeat
- Seizures or tremors
Steroids

These medicines reduce the inflammation related to COPD. They may be pills or liquids to swallow. Your doctor may tell you to take this medicine for flare-ups of your COPD. You may only be on this medicine for a short time. Take this medicine exactly as directed by your doctor.

Common side effects include:
- Increased appetite
- Trouble sleeping
- Feeling nervous
- Increased body hair growth
- Swollen feet or ankles
- Weight gain

Call your doctor if you notice any of these rare but serious side effects:
- Pain when you go to the bathroom
- Sudden mood changes
- Bloody or black stools

Cough Medicine (Expectorants)

These medicines treat your cough by loosening up the mucus in your lungs. This medicine may be a liquid or a pill to swallow. Measure the liquid medicine with a marked measuring spoon, oral syringe, or medicine cup. Do not break, chew, or crush the pill. Swallow it whole with a full glass of water.

Your doctor will tell you how much of this medicine to use and how often.

Common side effects include drowsiness and nausea.

Call your doctor if you notice a cough that lasts longer than 7 days.

PDE-4 Blockers

This medicine prevents symptoms of COPD from getting worse. It is pill that you take daily.

Your doctor will tell you how much of this medicine to take. You need to take this medicine every day. Take this medicine even when you are not having breathing problems.

Common side effects include back pain, reduced appetite, and headache.

Call your doctor if you notice any of these rare but serious side effects:
- Swelling in your face, hands, mouth or throat
- Nervousness or trouble sleeping
• Sudden change in mood or behavior
• Thoughts of hurting yourself or others
• Unexplained weight loss

How to use your respiratory medicines

There are many types of inhalers and nebulizers. Ask your respiratory therapist, pharmacist or doctor how to use them.

Breathing Support

Non-Invasive Ventilation (NIV)

NIV provides breathing support with a face or nose mask you wear when you sleep or nap. It helps you take a full breath so you feel less short of breath. It helps your muscles rest so you have more energy during the day and sleep better at night.

Talk to your doctor about NIV if you are:
• sleepy during the day.
• having loss of energy.
• having morning headaches.
• short of breath more often.
• increasing your oxygen.
• in the hospital often.

Surgical Treatment

Lung Volume Reduction Surgery (LVRS) and Bullectomy

Lung volume reduction surgery is used to improve breathing in some people with severe emphysema. During surgery, small pieces of damaged lung tissue are removed. This allows the remaining tissue to function better. You may have less shortness of breath and be better able to perform daily activities.

Bullectomy is when enlarged air sacs are removed from the lung. This may help to relieve shortness of breath.
Pulmonary Rehabilitation

Pulmonary rehabilitation is a service designed for those with lung problems such as:

- Asthma
- Bronchiectasis
- Chronic Bronchitis
- Chronic Obstructive Pulmonary Disease (COPD)
- Emphysema
- Lung Transplantation
- Pulmonary Fibrosis

Pulmonary rehabilitation is an education and exercise program that teaches you about your lungs. Pulmonary rehabilitation also teaches you how to exercise and complete daily activities with less shortness of breath. Classes will teach you how to live better with your lung condition.

**Pulmonary rehabilitation goals:**

- Reduce and control breathing problems and other symptoms.
- Learn more about your disease, treatment options and chronic disease coping strategies.
- Learn to manage your disease.
- Decrease how many times you have to see your doctor.
- Lower your healthcare costs.

**Educational programs:**

Patient education classes are offered. Topics include:

- Information about medicines (drug actions, side effects, how to use inhalers)
- Understanding and using oxygen
- Diet, nutrition and weight management
- Breathing retraining
- Importance of exercise
- Managing breathing problems
- Symptom assessment
- When to seek help
- Dealing with anxiety and finding support

**Monitored and supervised exercise:**

An exercise plan is personalized to your needs. Exercise will help improve your endurance and muscle strength. You will be better able to perform daily activities.
Pulmonary Rehabilitation Locations

The Pulmonary Rehabilitation Programs are nationally certified by the American Heart Association for Cardiovascular and Pulmonary Rehabilitation. Program locations include:

- The second floor of the Bronson Battle Creek Outpatient Center in the Cardiopulmonary Department (see map below). Contact us with your questions at (269) 245-8438

- A Kalamazoo location at 4613 West Main St., Ste. C, Kalamazoo, MI 49009 (see map below). Contact us with your questions at (269) 544-3220

- A South Haven location is located in the Bronson Wellness Center.
Travel Tips

Having COPD doesn’t mean you’re stuck at home. If you carefully plan and prepare for your trip, you can have fun.

You should:
- Check with your doctor before traveling as you may need special equipment to travel.
- Get any paperwork you need to travel. (You might need a letter from your doctor that explains all of your medicine, even your oxygen.)
- Take the names and phone numbers of your doctor, oxygen supplier, and home health care company.
- Pack enough medicine and supplies for your whole trip in your carry-on bag.
- Keep a list of your medicine with you at all times.
- Ask if you qualify for handicap rights (parking, seating, first to board, etc.).

If you are on oxygen therapy:
- Call your home health care company and tell them where you are going and how you are getting there. They can help you arrange for oxygen when you arrive.
- Learn how to use a portable oxygen system and know how long the oxygen will last. Before you leave, make plans with your oxygen provider where to get refills during your trip.
- Contact the travel carrier (airline, cruise ship, bus) when making your reservations to get information about traveling with oxygen. There may be a fee related to oxygen use.
- If you have any questions, ask your doctor.

If you are traveling by airplane:

Call the airline several weeks ahead of time to learn the airline’s policy and make arrangements. The airline may need a letter from your doctor, a brief medical history, and a current oxygen prescription. If you are traveling on more than one airline, make sure that you contact each airline to get the airline’s policies and any necessary forms.

- Personal portable oxygen concentrators can be taken aboard many airlines. Check in advance to see if the airline you are flying with allows this. Advance notice will be required.
- You cannot bring or use oxygen cylinders or liquid oxygen on the airplane.
- You will need enough batteries to last for one and a half times your scheduled flight time.
- You will need to arrange for oxygen delivery with the airline and your oxygen supplier.
- Direct flights are recommended whenever possible.
- Altitude may increase your oxygen requirement.
If you are traveling by bus or train:

**Call the local bus or train station 1 to 2 weeks before you leave if you are traveling with oxygen or special equipment.**

- Tell the bus or train staff that you are traveling with oxygen and request seating on a lower level. You will probably be able to take your own oxygen on board.
- You may need batteries or access to an electrical outlet for other equipment.

If you are traveling on a cruise ship:

**Call the cruise line before making your reservation to see if they can meet your needs.**

- Ask if they have a specific health form that you need to have filled out by your doctor.
- Make arrangements to have your oxygen delivered directly to the cruise ship before you depart.
- Carry a copy of your oxygen prescription with you.

If you are traveling by car:

- **Do not allow anyone to smoke in the car.**
- Open the window a crack.
- Place the oxygen upright on the seat beside you. If possible, secure the oxygen with a seat belt. Place extra oxygen flat on the floor behind the seat.

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**Tracking your symptoms**

You should keep track of your symptoms. This can help you and your doctor learn what makes your symptoms worse. You will be able to manage your symptoms better if you are aware of what makes you feel worse. Use the “Tracking My Symptoms” form below to help you track how you are feeling. Take the form to your doctor and talk about how you feel.
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❑ Cough  
❑ Coughing up mucus  
❑ Wheezing  
❑ Tightness in chest  
❑ Weight loss  
❑ Tired | ✑ Shortness of breath  
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| Things that irritated my symptoms or made my symptoms worse | ✑ Respiratory infections  
❑ Exercise  
❑ Changes in the weather  
❑ Indoor or outdoor air  
❑ Exposure to cigarette or other smoke  
❑ Exposure to things that cause allergies  
❑ Exposure to things at work  
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<td><strong>Medicines I used this month</strong></td>
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Frequently Asked Questions (FAQ)

Q: Who do I call for my medicine?
A: Call your family doctor.

Q: Why do I have COPD?
A: COPD is a lung disease usually caused by cigarette/tobacco use. Chronic breathing of dust, wood smoke and other fumes can also cause COPD. Other factors may play a role in a few cases.

Q: Will I have to take medicine forever?
A: Most patients with COPD will need long-term (even lifetime) medicine use.

Q: Do I have any movement/activity limits?
A: You should discuss activity with your doctor. Regular exercise may allow you to do more things.

Q: Are there things I should avoid?
A: Avoid exposures to things you know will make you more short of breath (humidity, smoke, fumes, perfumes, etc.)

Q: Which doctor will take care of me when I leave the hospital?
A: Your family doctor will see you. You might also need to see a lung doctor. See your doctor 7-14 days after you leave the hospital. If you do not have an appointment when you leave the hospital, call the day you get home or when the office is open.

Q: Should I get a flu or pneumonia vaccine?
A: Yes, you need both.

Q: Can I drink alcohol?
A: Talk to your doctor about drinking alcohol.
Glossary

Alpha-1 Antitrypsin deficiency: a genetic change that causes COPD.

Alveoli: the air sacs where oxygen enters and carbon dioxide leaves your blood.

Bronchial tubes: the tubes air moves through on its way into your lungs.

Carbon dioxide: a gas your body produces. You breathe it out of the body through your lungs.

Chronic Bronchitis: a type of COPD that causes the lungs to build up with mucus.

Diaphragm: is the main breathing muscle. It sits at the base of your chest and separates your lungs from your abdomen. Learning to use this muscle more effectively may help you decrease your breathlessness.

Diaphragmatic breathing: a breathing exercise used to help reduce shortness of breath.

Emphysema: a type of COPD that causes the lungs to work poorly.

Exhaling: the part of breathing when you breathe air out of your lungs.

Exertion: effort it takes to do something.

Expectorants: medicine you take to help thin mucus so you can cough it out easier.

Inhaling: the part of breathing when you breathe air into your lungs.

Maintenance inhalers: these inhalers are used every day. They will only PREVENT breathing problems. They will NOT help if you are having SUDDEN trouble breathing.

Metered dose inhaler (MDI): a device that has breathing medicine in it for you to use.

Mucus: phlegm made by your lungs to prevent damage from irritation. It can be thick or thin.

Oxygen: a gas your body needs to keep your tissue healthy. You get it from the air you breathe into your lungs.

Non-invasive ventilation (NIV): a machine that delivers air pressure to help you breath better.

Pursed lip breathing: a breathing exercise used to help reduce shortness of breath.

Rescue inhalers: these inhalers have medicine in them that works right away. They help make breathing easier for you. They should be used when you are having SUDDEN trouble breathing.

Respiratory system: the system by which oxygen is taken into the body and an exchange of oxygen and carbon dioxide takes place.
**Smokers cough:** a dry hacking cough associated with people who smoke.

**Steroids:** These medicines help reduce the irritation in your lungs. They may come as an inhaler, a pill, or an oral liquid. Inhaled steroids are taken every day. Steroids pills or oral liquids are usually taken only for a short time during your COPD flare-ups.

**Resources**

American Lung Association  
([www.lung.org](http://www.lung.org) or 1-800-586-4872)

COPD Foundation  
([www.copdfoundation.org](http://www.copdfoundation.org) or 866-316-2673)

National Heart, Lung & Blood Institute  
([www.nhlbi.nih.gov](http://www.nhlbi.nih.gov))

Alpha 1 Foundation (support group)  
([http://www.alpha1.org](http://www.alpha1.org) or 877-228-7321)

Michigan Department of Community Health  
Go to [www.michigan.gov](http://www.michigan.gov)  
Click on Keeping Michigan Healthy, Chronic Diseases, Tobacco

Centers for Disease Control  
([www.cdc.gov/copd](http://www.cdc.gov/copd))