

# Learning to Live with Chronic Obstructive Pulmonary Disease (COPD)

A workbook for patients, families, and caregivers

## This Workbook Belongs To:

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Today, I am taking action to get my COPD under control.

### Setting Goals

You may be surprised by how much your day-to-day activities can improve when your COPD is under control. Write down some activities or hobbies you would like to do but feel you cannot because of your COPD. Sample goals may be to have less symptoms, be more active, or feel more comfortable leaving the house while using oxygen.

#### What are my goals?

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Use the information in this workbook to start the conversation with your loved ones and healthcare team.

**The information in this workbook does not replace the medical advice of your healthcare provider. Always consult your healthcare provider about your health questions or concerns.**

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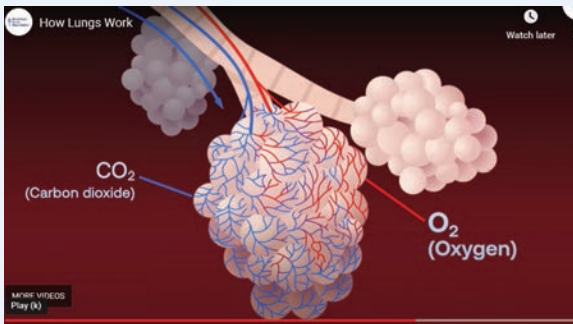
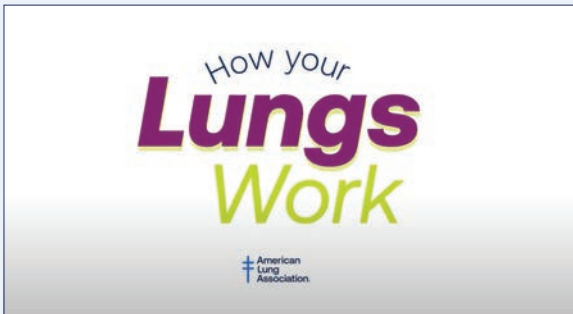
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# Introduction

Your lungs are part of the respiratory system, a group of organs and tissues that work together to help you breathe. The respiratory system's main job is to breathe in oxygen deep into your lungs and exhale carbon dioxide. You need oxygen to fuel every organ in your body.

Carbon dioxide is a waste product your body makes when it uses up oxygen and is removed when you exhale or breathe out. Your lungs, airways, and diaphragm work together to keep your body supplied with oxygen and remove carbon dioxide.

Scan the QR code (at right) to view the **How Lungs Work** animation:



Use the camera on your smartphone or tablet to read a QR code:

- Open the camera, then point the camera on the phone so that the code appears on the screen.
- Tap the notification that appears on the screen to go to the website or video.



## My COPD Healthcare Information

Keep track of your healthcare providers and important members of your healthcare team.

|  |         |              |
|--|---------|--------------|
| <b>Primary Care Provider Name</b>        | Address | Phone Number |
| <b>Nurse Advice Helpline</b>             | Address | Phone Number |
| <b>Pulmonologist Name</b>                | Address | Phone Number |
| <b>Pharmacy Name</b>                     | Address | Phone Number |
| <b>Oxygen Supplier</b>                   | Address | Phone Number |
| <b>Durable Medical Equipment Company</b> | Address | Phone Number |
| <b>Pulmonary Rehabilitation Center</b>   | Address | Phone Number |
| <b>Emergency Contact</b>                 | Address | Phone Number |

## Medical Insurance Information

|                                   |           |              |
|-----------------------------------|-----------|--------------|
| <b>Insurance Provider</b>         | ID Number | Phone Number |
| <b>Prescription Card Provider</b> | ID Number | Phone Number |



# Chapter 1: COPD Basics and Breathing Exercises

Chronic obstructive pulmonary disease or COPD is a lifelong lung disease that causes air flow limitation and breathing-related symptoms.

## Learn about COPD

When you have air flow limitation, it means less air flows in and out of your lungs. As it becomes harder to get air in and out of your lungs, you may have more symptoms like coughing, mucus production, wheezing, fatigue or tiredness and shortness of breath. **There are two main types of COPD:**

- **Emphysema** damages your lung tissue and destroys the tiny air sacs or alveoli. Over time, this damage causes the air sacs to break and create one big air pocket instead of many smaller ones.

When the air sacs lose their elasticity and break, the big air pocket traps stale air in the damaged tissue and stops oxygen from moving efficiently through the bloodstream. This means the organs in your body are not getting enough oxygen.

- **Chronic Bronchitis** is when the larger airways in your lungs, called the bronchi, become inflamed and mucus builds up in the airways. As the airways become inflamed or swollen, it is harder for air to get into your airways.

Scan the QR code to view the video COPD: Emphysema and Chronic Bronchitis



## Causes and Risk Factors

Anyone can develop COPD, but some people are more likely to. If you currently smoke, have a smoking history, and are forty years old or older, then you have the greatest risk. You may have more than one risk factor for COPD.

### Causes and risk factors include:

- Smoking or having a smoking history
- Age
- Workplace or occupational exposures to dust, chemicals, fumes, and vapors
- Smoke exposure from a coal or wood burning stove
- Alpha-1 antitrypsin deficiency
- History of childhood lung infections
- Secondhand smoke exposure
- Exposure to indoor and outdoor air pollution

### Symptoms

Symptoms are felt and not measured. Not everyone living with COPD has the same symptoms and you may find some symptoms of COPD are more bothersome to you than they are to others.

#### Symptoms that you may experience include:

- A chronic or lingering cough
- A cough that brings up sputum (phlegm or mucus)
- Shortness of breath (dyspnea)
- Wheezing or chest tightness
- Fatigue or tiredness
- Repeated chest infections like bronchitis or pneumonia



Talk to your healthcare provider if you feel that your symptoms are getting worse, you are developing new symptoms, or you are having a harder time doing your everyday activities and staying active.

### Diagnosis

If your healthcare provider suspects COPD, they will review your symptoms, risk factors for COPD, conduct a health and family history, and perform a physical exam. To diagnose COPD, your healthcare provider will need to review the results of your spirometry test.

#### Medical procedures and tests

There are many tests and procedures to help get a better picture of your lungs and how well they work. Your provider may also order lung function tests and procedures to monitor your COPD progression and response to treatment.

- **Pulmonary function tests** measure your ability to move air in and out of your lungs. Spirometry is one example of a pulmonary function test. Spirometry measures the amount and speed of the air you blow out and the results of this test can diagnose COPD.
- **Alpha-1 antitrypsin testing (AAT)** is a blood screening test to check the level of alpha-1 antitrypsin in your body. The results of this blood test can determine if you have alpha-1 antitrypsin deficiency. If you do, that will need to be treated along with your COPD symptoms.
- **Chest X-ray** is an imaging test that can show visual changes to your lungs.
- **CT scan** is an imaging test that can show signs of emphysema or chronic bronchitis as well as progression of the disease.
- **Oximetry or arterial blood gas test (ABG)** measures the oxygen levels in your blood and helps determine if you would benefit from using supplemental oxygen.
- **Pulmonary exercise tests** measure how well your lungs work when active. A six-minute walk test can measure how far you can walk at your own pace in six minutes. It can also check for how much oxygen you may need with activity.





## COPD Stages

These four stages of COPD help your healthcare provider determine the best treatment options for you:

- Mild
- Moderate
- Severe
- Very Severe

To determine which stage your COPD is, your healthcare provider will look at your spirometry test results, risk or history of exacerbations, symptoms, and your other health conditions.

## Other Health Conditions

While this workbook focuses on living with COPD, you may also be diagnosed with other diseases. Healthcare providers refer to this as having co-morbid conditions, meaning you are living with two or more chronic diseases.

**Put a checkmark next to the other health conditions you are living with:**

- Asthma
- Lung cancer
- Sleep apnea
- Heart disease
- Diabetes
- Depression
- Anxiety
- Arthritis
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**It is important to manage and treat all your chronic health conditions, not just COPD.**

Tell your healthcare providers about all your medical conditions. Your healthcare provider and pharmacist will review your COPD medications and treatment options to ensure these treatments will not interfere with the treatments of your other health conditions.

## Breathing Exercises

A helpful way to manage shortness of breath is to learn and practice breathing exercises. These help you get more oxygen into your lungs and calm you down so you can better control your breathing.

### Pursed Lip Breathing

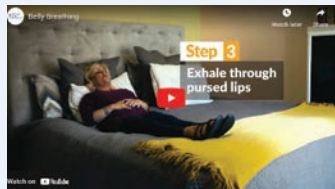
Pursed lip breathing helps keep the airways open longer so that you can remove some of the air that is trapped in your lungs. This slows down your breathing rate to help relieve your shortness of breath.

#### Let's practice this breathing exercise:

- Sit down in a chair and relax your neck and shoulder muscles.
- Breathe in slowly through your nose, making sure to keep your mouth closed. You may find it helpful to count to yourself, “inhale, one, two.”
- Pucker or “purse” your lips as if you were going to whistle or blow out a candle.
- Breathe out, or exhale, the air in your lungs through your mouth slowly and through pursed lips. Try to breathe out longer than you inhale. You may find it helpful to count to yourself, “exhale, one, two, three, four.”

**Talk to your healthcare provider about when and how often you should practice breathing exercises.**

Scan the QR code for the Pursed Lip Breathing demonstration video



Scan the QR code to view the Belly Breathing demonstration video



## Chapter 2: Partnering with your COPD Healthcare Team

Your healthcare team may include a variety of providers, specialists and support staff who work alongside you to find the best treatment and management options for your COPD.

### Members of Your COPD Healthcare Team



A **respiratory therapist** can help with COPD education and perform lung function tests.

You may also work with a respiratory therapist in a pulmonary rehabilitation center.

A **pulmonologist** is a lung specialist who can create a treatment plan and monitor your COPD. You may see a pulmonologist if your COPD is in an advanced stage, or you are having trouble controlling symptoms.

**When to see your provider:**

You may need to see your pulmonary doctor two times a year, but it could be more if your COPD is getting worse or you have symptoms that are hard to control.

A **primary care provider** may see you at regular visits and monitor your COPD.

**When to see your provider:**

You should see your primary care provider at least two times a year but it may be more often if you have other health conditions.

### Other members of your healthcare team may include:



- Pharmacists
- Occupational therapists
- Physical therapists
- Internists
- Nutritionists or dietitians
- Mental health counselors, social workers, or psychologists
- Spiritual advisors
- Oxygen suppliers
- Durable medical equipment providers
- Caregivers, family, or friends involved in your care

## **Medical Expenses and Financial Assistance**

COPD medications and treatment can be expensive. If you are concerned about the cost of treating or managing COPD, talk to your healthcare provider.

### **Ask your healthcare provider about cost-cutting options like:**

- Switching medications to less expensive but equally effective options.
- Eligibility requirements for prescription assistance programs through pharmaceutical companies, pharmacies, and non-profits that provide access to free or low-cost medications.
- Medications that are better covered under your insurance.
- Accessing quality and affordable health insurance at reduced rates.

### **Questions I have for my healthcare provider about options to reduce the cost of my COPD care:**

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**You can also contact the Lung HelpLine at 1-800-LUNG USA to learn more about signing up for health insurance and finding financial assistance programs.**

## Tools to Communicate with Your Healthcare Team

Effective communication with your healthcare providers involves sharing your goals, concerns, and questions. It also involves listening to your healthcare provider and speaking up when things stop making sense.

### COPD Action and Management Plan

The COPD Action Plan is a personalized worksheet that is filled out by you and your healthcare provider. You should keep a copy of the action plan where you can see it, like on your refrigerator.



## My COPD Action Plan

**Patients and healthcare providers should complete this action plan together. This plan should be discussed at each visit and updated as needed.**

The green, yellow and red zones show symptoms of COPD. The list of symptoms is not complete. You may experience other symptoms. In the "Actions" column, your healthcare provider will recommend actions for you to take. Your healthcare provider may write down other actions in addition to those listed here.

| Green Zone: I am doing well today  | Actions   |
|--|---|
| <ul style="list-style-type: none"> <li>Usual activity and exercise level</li> <li>Usual amounts of cough and phlegm/mucus</li> <li>Sleep well at night</li> <li>Appetite is good</li> </ul>  | <ul style="list-style-type: none"> <li><input type="checkbox"/> Take daily medicines</li> <li><input type="checkbox"/> Use oxygen as prescribed</li> <li><input type="checkbox"/> Continue regular exercise/diet plan</li> <li><input type="checkbox"/> Avoid tobacco product use and other inhaled irritants</li> <li><input type="checkbox"/> _____</li> </ul>  |
| Yellow Zone: I am having a bad day or a COPD flare   | Actions   |
| <ul style="list-style-type: none"> <li>More breathless than usual</li> <li>I have less energy for my daily activities</li> <li>Increased or thicker phlegm/mucus</li> <li>Using quick relief inhaler/nebulizer more often</li> <li>More swelling in ankles</li> <li>More coughing than usual</li> <li>I feel like I have a "chest cold"</li> <li>Poor sleep and my symptoms woke me up</li> <li>My appetite is not good</li> <li>My medicine is not helping</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Continue daily medication</li> <li><input type="checkbox"/> Use quick relief inhaler every _____ hours</li> <li><input type="checkbox"/> Start an oral corticosteroid (specify name, dose, and duration)<br/>_____</li> <li><input type="checkbox"/> Start an antibiotic (specify name, dose, and duration)<br/>_____</li> <li><input type="checkbox"/> Use oxygen as prescribed</li> <li><input type="checkbox"/> Get plenty of rest</li> <li><input type="checkbox"/> Use pursed lip breathing</li> <li><input type="checkbox"/> Avoid secondhand smoke, e-cigarette aerosol, and other inhaled irritants</li> <li><input type="checkbox"/> Call provider immediately if symptoms do not improve</li> <li><input type="checkbox"/> _____</li> </ul> |
| Red Zone: I need urgent medical care   | Actions   |
| <ul style="list-style-type: none"> <li>Severe shortness of breath even at rest</li> <li>Not able to do any activity because of breathing</li> <li>Not able to sleep because of breathing</li> <li>Fever or shaking chills</li> <li>Feeling confused or very drowsy</li> <li>Chest pains</li> <li>Coughing up blood</li> </ul>  | <ul style="list-style-type: none"> <li><input type="checkbox"/> Call 911 or seek medical care immediately</li> <li><input type="checkbox"/> While getting help, immediately do the following:</li> <li><input type="checkbox"/> _____</li> </ul>  |

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1-800-LUNG-USA | [Lung.org/copd](http://Lung.org/copd)

### Your COPD Action Plan tells you four important things:

1. When to take your medicine.


2. What symptoms to watch for.

3. When to call your healthcare provider.

4. When to go for emergency medical care.

A tear-out version of this form can be found in the [resources](#) section

Before you go to your next appointment, write down what you would like to discuss with your healthcare provider. This may include questions about your medications, COPD triggers, symptoms, or treatment options.



## Getting Ready for Your Next Office Visit

**Appointment Information**

Provider Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

**Other Healthcare Providers I Am Seeing**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason to see this healthcare provider: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason to see this healthcare provider: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason to see this healthcare provider: \_\_\_\_\_

**Prescribed and Over-the-Counter Medicines and Supplements**

| Name of Drug/Supplement | Dose | Frequency | Prescribed/Recommended by |
|-------------------------|------|-----------|---------------------------|
|                         |      |           |                           |
|                         |      |           |                           |
|                         |      |           |                           |
|                         |      |           |                           |
|                         |      |           |                           |
|                         |      |           |                           |
|                         |      |           |                           |
|                         |      |           |                           |
|                         |      |           |                           |
|                         |      |           |                           |

Name of My Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

1-800-LUNGUSA | Lung.org

### Symptoms I Have Been Experiencing

|                                 |                                       |
|---------------------------------|---------------------------------------|
| Coughing                        | Feeling nervous                       |
| Chest tightness                 | Rapid heartbeat                       |
| Wheezing                        | Head/nose stopped up                  |
| Unable to exercise              | Restlessness                          |
| Feeling tired                   | Fever                                 |
| Need to clear throat repeatedly | Stroking chin or throat               |
| Dry mouth                       | Increased use of quick-relief inhaler |
| Waking up at night              | Other: _____                          |

How frequently these symptoms occur: \_\_\_\_\_

When the symptoms begin: \_\_\_\_\_

Things I do to relieve these symptoms: \_\_\_\_\_

**Additional Concerns and Questions**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Next Steps**

Notes from my healthcare provider: \_\_\_\_\_

\_\_\_\_\_

Plans to schedule: \_\_\_\_\_

\_\_\_\_\_

Next appointment (Day/Time): \_\_\_\_\_

American Lung Association. 1-800-LUNGUSA | Lung.org

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A tear-out version of this form can be found in the [resources](#) section



## Chapter 3: Treating COPD

There is no cure for COPD, but treatment options may help you control symptoms, slow the progression of the disease, lower your risk of exacerbations or flare ups, and help you stay active.

### Medications

Medication is often the first treatment prescribed by your healthcare provider. The type of medication you are prescribed is determined by your COPD stage, symptoms, risk for COPD exacerbations or flareups and if you have other chronic health conditions.

### Types of Medications

#### Quick relief (or short-acting) medicine

**Purpose:** This type of medication works quickly and should be taken when you have symptoms like shortness of breath or a cough.

**How they work:** Relaxes the muscles that tighten around your airways and helps you breathe easier.

#### Key points:

- Short-acting medicine can come in the form of an inhaler or a solution for a nebulizer.
- This is a medicine you breathe in, so it works quickly.
- Use this medication if you are having more symptoms, a COPD flare up or an exacerbation.
- You should only use it as needed or as prescribed by your healthcare provider.
- You should **always** carry this medicine with you.
- This medicine may be called a “rescue” medicine.



A COPD flare up or exacerbation happens when your symptoms become worse and may be more severe. This requires additional treatment and may require medical attention to help get your COPD back under control.

### Daily (or long-acting) medicine

**Purpose:** You should take this medicine every day, even when your COPD is under control, and you feel well.

**How they work:** There are different types of long-acting medications. Depending on the type of medication you are prescribed, the long-acting medication will work to reduce the swelling or inflammation in your airways or prevent the muscles in the airways from tightening and help clear the mucus in your airways.

#### Key points:

- Long-acting medicine can come in the form of an inhaler or a solution for a nebulizer.
- This medicine will not provide immediate relief during a COPD flare up or exacerbation.
- This medicine must be taken everyday, even when you feel well, to keep your COPD under control.
- If your inhaler contains a steroid, make sure you rinse your mouth out after use to avoid getting thrush.
- You may also call this a “controller” or “maintenance” medication.

### Combination medicine

**Purpose:** You should take this medicine everyday, even when your COPD is under control, and you feel well.

**How they work:** This type of medication includes multiple medications in one treatment. Combination medication may be an option if you have hard to manage symptoms and are more at risk of COPD exacerbations or hospitalization.



#### Key points:

- This medicine must be taken everyday, even when you feel well, to help keep your COPD under control.
- This medicine includes two or three medications in one treatment.
- Each combination of medicine works differently. You should talk to your healthcare provider about the type of medicines you are taking and how often you should take them.

### Antibiotics and Corticosteroids

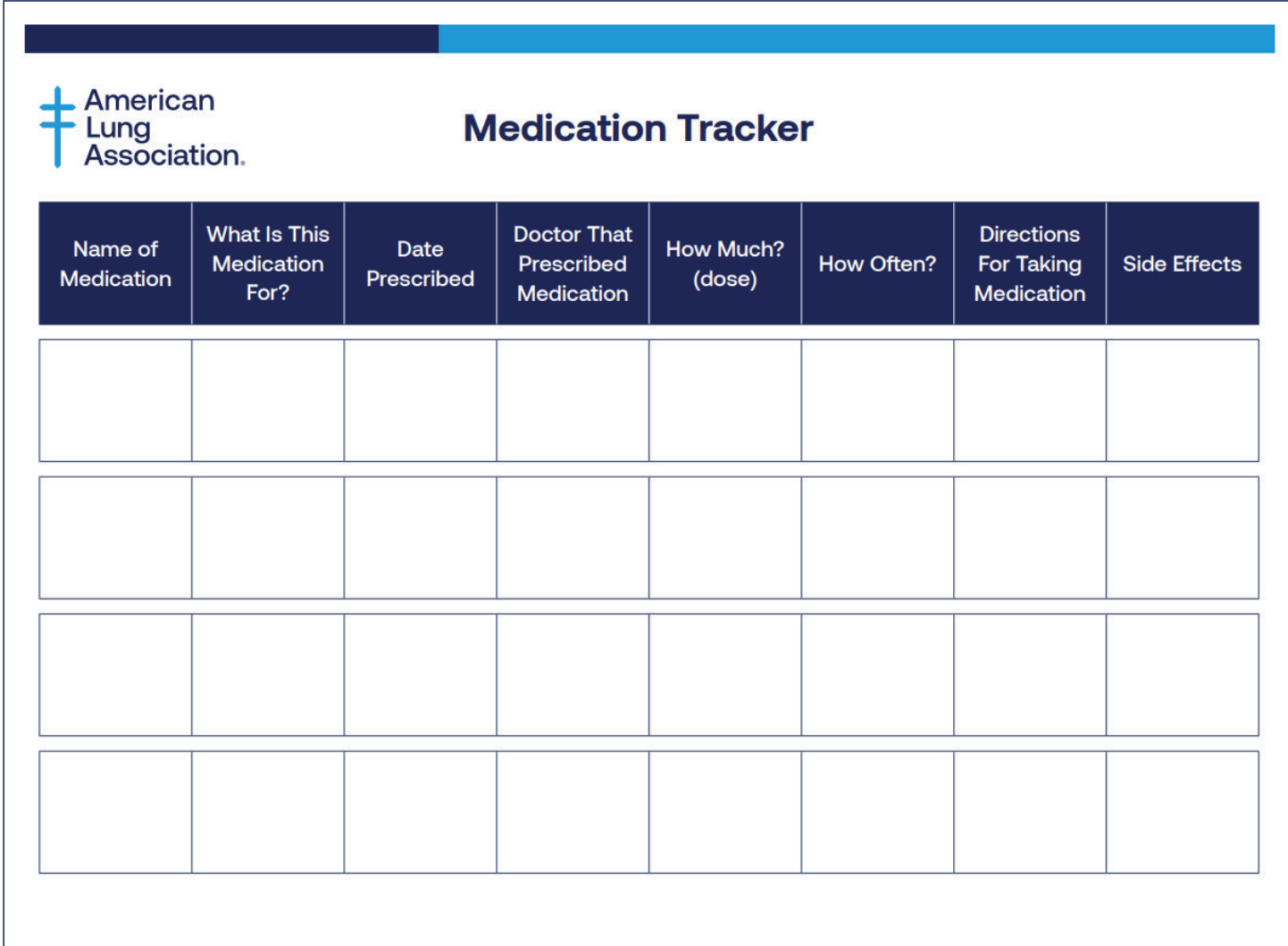
You may also be prescribed an antibiotic or corticosteroid (steroid) when you are experiencing a COPD flare up or exacerbation. An antibiotic is often given if you have a bacterial infection. You need to take the entire antibiotic course because stopping early may allow the infection to come back or become harder to treat in the future.

A corticosteroid helps reduce inflammation or swelling in your airways. Antibiotics and steroids both have possible side effects. You should talk to your healthcare provider about managing possible side effects.

My Medication Tracker

Keep a list of all your medications, vitamins, and supplements to help you stay organized. Bring a copy of your medication tracker to your medical appointments to review with your healthcare provider.

For your COPD medications, write down which medications you use when your symptoms get worse and which medications you take every day. It's also important to share with your provider how often you don't take your daily medications and the reasons why, so you can work together to come up with solutions to help you stay on track.



The form is titled "Medication Tracker" and features the American Lung Association logo. It consists of a table with 8 columns: Name of Medication, What Is This Medication For?, Date Prescribed, Doctor That Prescribed Medication, How Much? (dose), How Often?, Directions For Taking Medication, and Side Effects. There are four empty rows for data entry.

| Name of Medication | What Is This Medication For? | Date Prescribed | Doctor That Prescribed Medication | How Much? (dose) | How Often? | Directions For Taking Medication | Side Effects |
|--------------------|------------------------------|-----------------|-----------------------------------|------------------|------------|----------------------------------|--------------|
|                    |                              |                 |                                   |                  |            |                                  |              |
|                    |                              |                 |                                   |                  |            |                                  |              |
|                    |                              |                 |                                   |                  |            |                                  |              |
|                    |                              |                 |                                   |                  |            |                                  |              |

A tear-out version of this multi-page form can be found in the resources section

If you have questions about which medication is a quick relief or daily medication, how often or when to take your COPD medication, talk to your healthcare provider or pharmacist. You can also speak with a Lung Health Navigator at the Lung HelpLine by calling 1-800-LUNG USA.

## Medication Delivery Devices

For your COPD medication to work, you need to get the medicine deep into your lungs. To do this, your medication delivery device must be used correctly.

If you feel like your COPD medicine is not working the way it should, ask your healthcare provider to watch you take it to make sure you are taking your medication correctly.

## Device Demonstration Videos and Instructions:

Watch videos and get downloads to help you manage your COPD.



How-to-videos and step-by-step downloadable instructions for medication delivery devices include:

- Inhaler with spacer or valve holding chamber
- Inhaler without a spacer or valve holding chamber
- Nebulizer
- Ellipta Dry Powder Inhaler
- Pressair Device
- RespiMat Soft Mist Inhaler
- RespiClick Dry Powder Inhaler
- Diskus Dry Powder Inhaler

## Using your medication delivery device correctly means:

### Taking the right medication

- + In the right dose
- + At the right time
- + With the right technique.

## How To Videos



Downloadable step-by-step instructions

**American Lung Association**

### ABCs of Using a Nebulizer

Many people living with COPD or other lung disease can benefit from using a nebulizer to help get inhaled medication deep into the lungs where it's needed most. If you and your healthcare provider agree that using a nebulizer is a good choice for you, learning how to use your device and clean it properly is important to ensure that your medicines are most effective.

Before you start to use your nebulizer, be sure to read the manufacturer instructions, as machines differ.

**Assemble**

The nebulizer itself has 3 parts: a medicine cup, cap, and mask or mouthpiece. If you have a jet nebulizer, it also comes with a compressor and tubing.

1. Always wash your hands before you start.
2. Unscrew the cap on the medication and carefully pour the correct dose into the medicine cup.
3. Secure the cap to the medicine cup.
4. Attach the mouthpiece or mask.
5. Connect one end of the tubing to the compressor and the other to the medicine cup.
6. Plug in the compressor and turn it on. A mist should start to appear out of the mouthpiece or facemask.

**Using a Nebulizer**

Use your nebulizer every time it is a necessary part of your treatment. After each treatment, disassemble and wash the nebulizer parts in warm soapy water or in the dishwasher, and let the pieces air dry in a clean, dry place.

Once a week, soak them in a vinegar solution for 30 to 60 minutes to help prevent mold.

Wash the tubing and compressor for a nebulizer should never be put in water. They can be wiped with a dry soapy towel or disinfected if they get soiled.

Continue breathing normally until all the medicine is gone from the cup or you no longer see any mist.

For more information and support from the American Lung Association, visit [Lung.org/nebulizer](http://Lung.org/nebulizer) to view the step-by-step videos, [How To Properly Use a Nebulizer](#) and [How To Properly Clean a Nebulizer](#).

You can also call the Lung Helpline at 1-800-LUNGUSA to get free advice from an experienced nurse or respiratory therapist.

Development of this educational resource is generously supported by Miles Scientific, L.P. and Theravance Biopharma.

**1-800-LUNGUSA Lung.org**



## How to Use a Metered-Dose Inhaler without a Valved Holding Chamber or Spacer

**Prime a brand-new inhaler:** Before using it for the first time, if you have not used it for more than 7 days, or if it has been dropped.



1. Shake inhaler 10 seconds.



2. Take the cap off the inhaler and make sure it is clean and there is nothing inside of the mouthpiece.



3. Breathe out away from the device.



4. Put inhaler mouthpiece in mouth.



5. Press inhaler once and breathe in deep and steady.



6. Hold your breath for 10 seconds, then breathe out slowly.

If you need another puff of medicine, wait 1 minute and repeat steps 3-6.



7. Rinse with water and spit it out.

Proper inhalation technique is important when taking your medicine(s) and monitoring your breathing. Make sure to bring all your medicines and devices to each visit with your primary care provider or pharmacist to check for correct use, or if you have trouble using them.

For more videos, handouts, tutorials and resources, visit [Lung.org](https://Lung.org).

Scan the QR Code to access How-To Videos



You can also connect with a respiratory therapist for one-on-one, free support from the American Lung Association's Lung HelpLine at **1-800-LUNGUSA**.



## How to Use a Metered-Dose Inhaler with a Valved Holding Chamber (Spacer)

**Prime a brand-new inhaler:** Before using it for the first time, if you have not used it for more than 7 days, or if it has been dropped.

|  |  |
|--|--|
|  | 1. Shake inhaler 10 seconds.   |
|  | 2. Take the cap off the inhaler and valved holding chamber. Make sure the mouthpiece and valved holding chamber are clean and there is nothing inside the mouthpieces. |
|  | 3. Put inhaler into the chamber/spacer.  |
|  | 4. Breathe out away from the device.   |
|  | 5. Put chamber mouthpiece in mouth.  |
|  | 6. Press inhaler once and breathe in deep and steadily.  |
|  | 7. Hold your breath for 10 seconds, then breathe out slowly.<br><br>If you need another puff of medicine, wait 1 minute and repeat steps 4-7.                          |
|  | 8. Rinse with water and spit it out.   |

Proper inhalation technique is important when taking your medicine(s) and monitoring your breathing. Make sure to bring all your medicines and devices to each visit with your primary care provider or pharmacist to check for correct use, or if you have trouble using them.

For more videos, handouts, tutorials and resources, visit [Lung.org](https://www.lung.org).

Scan the QR Code to access How-To Videos



You can also connect with a respiratory therapist for one-on-one, free support from the American Lung Association's Lung HelpLine at **1-800-LUNGUSA**.



## Supplemental Oxygen

Oxygen is a medication that is prescribed by your healthcare provider. Supplemental oxygen or oxygen therapy is not addictive.

There are many benefits to using supplemental oxygen. It will help you stay active, improve your shortness of breath, and increase your oxygen level to help keep every organ in your body healthier.



## Types of Oxygen Delivery Devices

**Home concentrators** draw in air from your surroundings, remove other gases and deliver purified oxygen. Home oxygen concentrators can deliver oxygen continuously (at a steady rate) and require a power source to operate.



**Portable oxygen concentrators (POC)** work like a home concentrator but are smaller and more portable. POCs are powered by being plugged into an outlet or using rechargeable batteries. They can also deliver oxygen continuously or through a pulse dose.



**Oxygen tanks** are metal cylinders that store compressed oxygen. The tanks come in different sizes and the smaller the tank, the less oxygen it can hold. Oxygen tanks do not run on electricity or a power source and will need to be refilled or replaced.



**Liquid oxygen** is oxygen that is compressed and cooled at a very low temperature. Most liquid oxygen systems provide a high concentration of oxygen and do not require electricity. Liquid oxygen usually has both a stationary storage unit and a portable container. It may not be available in all areas of the United States. Talk to your healthcare provider and your oxygen supplier to see if this may be an option.



**Supplies** needed to use supplemental oxygen include tubing, a nasal cannula or face mask. Oxygen tubing connects your cannula or mask to your oxygen tank or concentrator. A nasal cannula has prongs that fit into your nostrils and helps you breathe in the oxygen. Alternatively, a face mask can be placed over your mouth and nose and holds available oxygen as you take each breath.

A pulse oximeter or pulse ox is an electronic device that measures the saturation of oxygen carried in your red blood cells. A pulse oximeter is a simple, quick, and safe way to monitor oxygen levels. If you have poor circulation, thick skin, or a darker skin tone there may be inaccurate or inconsistent results.



Talk to your healthcare provider about how to monitor your oxygen levels using a pulse oximeter and when to share abnormal or inconsistent readings.

### My Oxygen Prescription

Type of oxygen equipment I use:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When do I use it?

- At rest \_\_\_\_\_ flow rate \_\_\_\_\_
- With activity \_\_\_\_\_ flow rate \_\_\_\_\_
- At night \_\_\_\_\_ flow rate \_\_\_\_\_
- At altitude \_\_\_\_\_ flow rate \_\_\_\_\_

How am I monitoring my oxygen levels? \_\_\_\_\_

What is my back up plan if I lose electricity?

\_\_\_\_\_  
\_\_\_\_\_

Name and phone number for information for the following:

- Power or electric company \_\_\_\_\_
- Police \_\_\_\_\_
- Fire \_\_\_\_\_
- Oxygen supplier or durable medical equipment provider \_\_\_\_\_

Instructions for cleaning and replacing tubing, nasal cannula or face mask:

\_\_\_\_\_  
\_\_\_\_\_

Instructions for when and how to clean my oxygen concentrator or tank:

\_\_\_\_\_  
\_\_\_\_\_

Questions I have about using or maintaining my oxygen equipment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## How To Use Supplemental Oxygen Safely

Oxygen is a safe gas and is non-flammable, however it supports combustion. Always follow the safety instructions from your oxygen supplier and do not change your oxygen flow rate without talking to your healthcare provider.

### Keep Away from Heat and Flame

- Don't smoke or allow others to smoke near you. Post "No Smoking" signs in and outside your home.
- Keep sources of heat and flame at least five feet away from where your oxygen unit is being used or stored.
- While using oxygen, do not cook with gas or use any electrical appliances like hair dryers, curling irons, heating pads or electric razors.

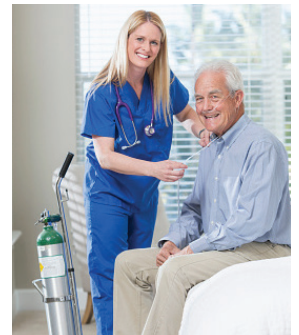


### Do Not Use Aerosols, Vapor Rubs or Oils

- Don't use aerosol sprays such as air fresheners or hairspray near the oxygen unit. Aerosols are very flammable.
- Use water-based lotions or creams. Avoid using vapor rubs, alcohol-based hand sanitizer, petroleum jelly or oil-based hand lotion. Never use your oxygen equipment with oily or greasy hands.

### Store Oxygen Safely

- Always turn off your oxygen equipment when it is not in use. Store oxygen concentrators upright and tanks in a holder or lying down to avoid getting knocked over.
- Don't store your oxygen equipment in an enclosed space, like a closet or trunk, and keep your oxygen concentrator several inches away from walls or curtains.
- Be careful not to trip over the tubing. Never cut your tubing or use more than a 50-foot-long piece.
- Never use an extension cord to plug in your concentrator or plug anything else into the same outlet.



### Be Prepared

- Always have a functioning fire extinguisher and smoke alarm.
- Have backup equipment like a large oxygen tank and tell your electric company, police, and fire departments that you use oxygen equipment at home. In case of power outages, consider buying a backup generator. Ask your neighbors to check in on you if there is a power outage.
- Monitor the gauges on your oxygen equipment and give your oxygen supplier plenty of time to deliver refills.



## Additional Treatment Options for COPD

As COPD progresses, you may find your current treatments no longer work as effectively and you have more symptoms. Talk to your healthcare provider because there may be other treatment options for you to consider.

### Clinical Trials

Clinical trials are carefully monitored research studies that try to find ways to prevent, screen for, diagnose or treat COPD. You may have new options available for treatment of your COPD by enrolling in a clinical trial.

### Complementary Care

Yoga, massage, or acupuncture are considered complementary care techniques and may improve symptoms and quality of life. Complementary care should not replace the treatments prescribed by your healthcare provider and should be discussed with your healthcare team as part of your overall approach to COPD management.



### Non-invasive Ventilation

Non-invasive ventilation may be a treatment option if you have higher levels of carbon dioxide building up in your blood, and you have a history of being hospitalized because of acute respiratory failure. This can be used at home to help you breathe easier.

### Surgery

In some situations, your healthcare provider may suggest a surgical treatment option such as bullectomy, lung volume reduction surgery or a lung transplant.

### Endobronchial Valve Therapy (EBVs)

EBVs are a non-surgical treatment option if you are living with severe COPD and emphysema. EBVs are removable, one-way valves that reduce lung hyperinflation by allowing the trapped air in your lungs to escape.



Scan the QR code to **take the quiz** to see if endobronchial valve therapy is a treatment option for you.

# Chapter 4: Managing COPD

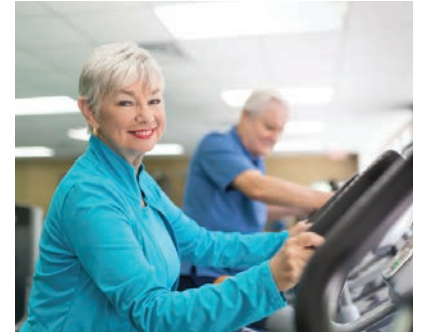
Along with medication and other treatment options, there are lifestyle changes that can help you stay active and improve your quality of life.

## Pulmonary Rehabilitation

Pulmonary rehabilitation (rehab) is a program that combines education and exercise to increase your level of activity and knowledge about how to manage your COPD. Besides supervised exercises, meeting new people and education, you can also receive information about breathing techniques, nutritional counseling, and emotional health.

### Benefits of Pulmonary Rehab:

- Strengthens your muscles
- Helps you safely begin to exercise and be more active
- Helps you breathe better
- Improves your quality of life



Pulmonary rehab includes a team of doctors, respiratory therapists, nurses, exercise specialists and dietitians, who work with you to create an individualized program to meet your needs. The classes are offered in small groups so you can get to know other people living with COPD and other lung diseases.

### Pulmonary Rehab and Me

Check off the boxes that best describe your goals for attending pulmonary rehab.

- |  |   |
|--|---|
| <input type="checkbox"/> Learn breathing exercises for shortness of breath                                       | <input type="checkbox"/> Learn new ways to deal with stress       |
| <input type="checkbox"/> Learn ways to recognize, prevent and treat COPD exacerbations or flare ups              | <input type="checkbox"/> Eat healthier                            |
| <input type="checkbox"/> Exercise safely and stay active   | <input type="checkbox"/> Clear the mucus out of my lungs          |
| <input type="checkbox"/> Understand ways to conserve energy while doing daily activities like cooking or bathing | <input type="checkbox"/> Use supplemental oxygen                  |
| <input type="checkbox"/> Take medications correctly  | <input type="checkbox"/> Quit smoking and vaping tobacco products |
| <input type="checkbox"/> Manage changes in my mood or emotions (anxiety, panic, and depression)                  | <input type="checkbox"/> Meet other people living with COPD       |
| <input type="checkbox"/> Reduce my symptoms  | <input type="checkbox"/> Other _____                              |
|  | <input type="checkbox"/> Other _____                              |
|  | <input type="checkbox"/> Other _____                              |

### Get Started with Pulmonary Rehab

The first step toward breathing better is talking to your healthcare provider to determine if pulmonary rehab is right for you. Your healthcare provider can write a referral to a program near you.

Contact your health insurance provider to check your benefits and see if you have any out-of-pocket costs.

To find a listing of the pulmonary rehabilitation centers in your state, visit [aacvpr.org/Program-Directory](http://aacvpr.org/Program-Directory).

## Quit Smoking and Vaping

If you currently use tobacco products, including e-cigarettes, quitting is the most important step you can take to improve your health. It is never too late to quit using tobacco or vaping.

### Benefits to Quitting Tobacco Use:

- Your COPD may progress more slowly.
- Your COPD medications will work better to control your symptoms.
- You may have fewer COPD flare ups or exacerbations.
- You will breathe easier.
- You will lower your risk of developing other health conditions like lung cancer or heart disease.
- You will save money.
- Food will taste better.
- Your car and house will smell better.
- Your friends and family will not be exposed to secondhand smoke and secondhand aerosol.



### My Motivations and Reasons to Quit:

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### Find Your Triggers

One of the first steps for making a quit plan is to understand your triggers to smoke or vape. A trigger is a situation, event, feeling, or behavior that gives you the urge to use tobacco.

Find your triggers by looking at your smoking and vaping patterns. **Think about the times of day you use tobacco. Circle what triggers you to use tobacco and fill in other triggers that are not listed:**

Waking up in the morning

Eating or drinking

Boredom

Strong emotions or feelings like anger, sadness, or loneliness

Being around other people who use tobacco

Having happy feelings

Driving

Needing to calm down or feeling agitated or nervous

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### Develop a Quit Plan

**Congratulations on taking the first step to quitting smoking and vaping!** Before you set your quit day, you should talk to your healthcare provider about your desire to quit use of all tobacco products. During your conversation:

- Discuss your quit day
- Ask about medications or using nicotine replacement therapy
- Explore available quit programs
- Talk about strategies for handling urges to smoke or vape
- Understand the types of withdraw symptoms you may experience

You will also want to talk to your family and friends about your decision to quit tobacco use. Now is a good time to ask them to be supportive and encouraging. As you begin your quit journey, there may be slips or times you use a tobacco product. Do not give up!

### Find Support

You do not have to quit tobacco use alone. There are support programs and resources to help you along your journey and when you join a research-based program your chances of quitting for good are greatly increased.

### Local Support

Contact your local county health department or hospital and ask about smoking or tobacco cessation programs in your area.

### Quit Now

The CDC's [1-800-QUIT NOW](#) is a nationwide portal to a network of each state's quitline. The quitlines offer services like cessation counseling, referrals to community programs, and access to free medication for people who want to quit smoking.

### American Lung Association

The Lung Association's **Freedom From Smoking®(FFS)** program offers in person, online, telephonic, and self-guided support to help you quit tobacco use.

You can contact the **Lung HelpLine** at 1-800-LUNG USA to speak with a Certified Tobacco Treatment Specialist. A motivational texting program is also available for all people enrolled in an American Lung Association Freedom From Smoking program.

In addition to the resources listed above, the Lung Association also has the **Quit Now: Freedom From Smoking Inspire Support Group and Discussion Community**. This is a support group for people who wish to connect with other quit journey participants and get support in their quit.

### Questions for my healthcare provider about quitting tobacco use:

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## Prevent Infectious Lung Diseases

Infectious lung diseases can be serious and may cause your COPD symptoms to get worse. This could lead to a COPD flare up or exacerbation, and you may need to go to the emergency room or hospital for treatment.

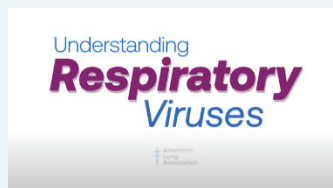
### The following vaccines are recommended for you:

- Influenza (flu) every year
- COVID-19 as new vaccines are recommended
- Pneumococcal pneumonia
- Tdap to protect against pertussis (whooping cough)
- RSV (respiratory syncytial virus) if you are 60 or older, using shared clinical decision-making

Vaccinations are your best protection against vaccine-preventable infectious lung diseases. Talk to your loved ones, friends and family about getting vaccinated.

Use the QR codes to learn more about respiratory viruses and how vaccines play a role in preventing them.

Scan the QR code for the Understanding  
Respiratory Viruses video



Scan the QR code to view the Vaccines Prevent  
Respiratory Diseases video



## My Vaccination Tracker

Keep track of your vaccinations by filling in the tracker. There may be some vaccines that need more than one dose. Ask your healthcare provider when to schedule an appointment for the follow up dose.

| Vaccine              | Date Given      | Schedule           | Side effects        |
|----------------------|-----------------|--------------------|---------------------|
| <i>Influenza-flu</i> | <i>9/5/2023</i> | <i>Once a year</i> | <i>None noticed</i> |
|                      |                 |                    |                     |
|                      |                 |                    |                     |
|                      |                 |                    |                     |
|                      |                 |                    |                     |
|                      |                 |                    |                     |
|                      |                 |                    |                     |
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|                      |                 |                    |                     |
|                      |                 |                    |                     |

**Vaccines are safe and most people have little to no side effects. Always ask your healthcare provider any questions you have about the side effects, your concerns, benefits, or risks.**

## Avoid Germs

The germs that cause infectious lung diseases can be spread through coughing, sneezing, or touching objects or surfaces. While vaccines are the most effective way to reduce your risk of developing an infectious lung disease, there are other ways as well.

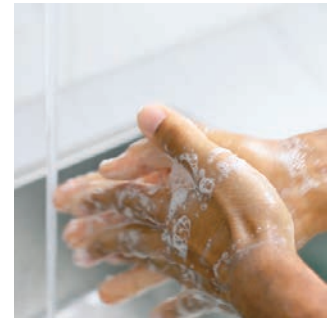
**Being around other people who are sick-** It is difficult to avoid germs when you are out in public. When possible, try to avoid crowded spaces or wear a mask that fits closely to your face during periods where there is lots of illness in your community.



**Manage illness-** If you are sick, stay home and cover your cough and sneeze into a tissue or your elbow. If other people in your home are sick, try to limit your contact with them as much as possible. Clean and disinfect frequently touched areas of your home such as door handles to prevent the spread of disease.

**Clean your medication delivery devices-** If you use a nebulizer, or an inhaler with a spacer, it is important to clean the face mask, spacer, or valve chamber. Each device should come with directions about how and when to clean and disinfect the product.

**Wash your hands-** Scrub your hands with soap and water for at least 20 seconds. Always wash your hands throughout the day, but it is especially important to do this when you are sick or around others who are sick. Dry your hands with a paper towel or clean towel.



**Use hand sanitizer if you are not around soap or water. If you use supplemental oxygen, use water-based hand sanitizer.**

**Recognize and Control COPD Triggers**

COPD triggers may be an item, activity or condition that makes your COPD symptoms worse. One important step to control your COPD is to recognize, reduce and avoid your triggers.

**Put a check mark next to your COPD triggers and the ways you plan to reduce or avoid them.**

**Strong odors, chemicals, fumes, and smells**

- Read the labels of products and use products with low volatile organic compounds (VOCs). Products with high VOCs will include words with “warning,” “caution,” or “danger.”
- Avoid using products with strong odors, including room fresheners, incense, and perfumes. You may need to ask others around you to avoid using strong scents.
- Keep your area ventilated and use an exhaust fan if you must be around any chemical or strong odor.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Weather, pollen, and air pollution**

- Wear a mask or scarf loosely around your face when it is cold or windy outside.
- On days when it is hot and humid, use an air conditioner or go to a cooling center like a public library or community center.
- Check the pollen count and the air quality index. You can find the air quality index for your area at [airnow.gov](http://airnow.gov).
- Pay attention to air quality forecasts during wildfire season.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Smoke**

- Plan to quit using tobacco (*see page 26*).
- Avoid secondhand smoke by asking others not to smoke around you. This includes cigarettes, pipes, vaping, e-cigarettes, marijuana, or any type of combustible device.
- Avoid using a wood burning or coal stove to heat your home unless it is an EPA-certified wood stove.
- Avoid using candles or incense in your home.
- Allow for air flow around fireplaces and vented appliances.
- Use the fan above your kitchen stove when cooking. This will vent the odors and particulates.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**☐ Physical activity and exercise**

- Use oxygen and medication during activity if prescribed by your healthcare provider.
- Use pursed lip breathing and take a break when needed.
- Start slowly with a warmup.
- Ask a friend or family member to exercise with you.
- Join a pulmonary rehab group to learn ways you can safely increase activity levels.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**☐ Infectious lung diseases**

- Stay up to date on your vaccinations (see page 28).
- Talk to your friends and family about getting vaccinated.
- Wash your hands frequently and disinfect repeatedly touched places like the kitchen or bathroom.
- Wear a mask when you are in high-risk areas like stores and when around people who are sick.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**☐ Triggers:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Prepare for Disasters and Emergencies

Emergencies and disasters can be scary. Create an emergency plan before disaster strikes. It will help give you peace of mind.



### 10 Ways to Prepare for a Disaster or Emergency

1. Develop and communicate your emergency plan with your caregiver, family, and friends.
2. Keep written phone numbers of your support network, healthcare providers, pharmacy, home health agency, durable medical equipment company and oxygen supplier.
3. Alert your power or electric company, police, and fire department about any medical equipment you have that needs power, like a CPAP or BiPAP machine, ventilator, oxygen concentrator or nebulizer.
4. Plan for a power failure by always having car adapters and extra batteries for your nebulizer, CPAP or BiPAP machine and portable oxygen concentrator. Have back-up oxygen tanks in the event of a power outage.
5. Keep your medical insurance cards and other important documents in one place where you can easily access them if you must relocate.
6. Install smoke and carbon monoxide alarms. Test monthly and replace the batteries at least twice a year.
7. Register for a special needs shelter or an emergency shelter in your area that can meet your medical needs. This may include electricity for medical devices or oxygen equipment, and air conditioning. Stay up to date with your vaccinations.
8. Consider purchasing products to assist you during emergencies. This may include a portable air cleaner ahead of wildfire season or a generator in case of a power outage. Often these items are out of stock during an emergency.
9. Have a lung disease travel pack ready to go with your emergency preparedness kit. Keep a list of all medications you take, including extra medication. Include a copy of your COPD Action Plan.
10. Learn more about the supplies for building an emergency kit at [Ready.gov/Kit](https://www.ready.gov/kit).



## Travel Tips

COPD should not stop you from traveling and doing what you enjoy. Before you start planning your trip, talk to your healthcare provider about any of your concerns.

## My COPD Travel Checklist

When you talk to your healthcare provider about your travel plans, share when and where you are going, for how long and your travel methods. Your healthcare provider may order tests to determine if you may need supplemental oxygen while traveling.

### Planning

- Talk to the hotel ahead of time. Verify they have elevators, discuss your oxygen needs, ask about on-site assistance with carrying luggage or any room accommodations you may need during your travel.
- Discuss with your healthcare provider if you have concerns about altitude during your flight or if you are visiting a destination with a higher altitude. Often, high altitude means there is thinner air or less oxygen. This may mean you need to adjust your oxygen levels.
- Depending on your traveling method, you may need to have your healthcare provider submit a letter stating you are safe to travel or complete additional paperwork.
- Coordinate the use of a wheelchair as appropriate.
- Have a travel partner or someone who can help you during your trip.
- Make a plan with your durable medical equipment company or oxygen supplier about any oxygen supply needs you will have as you travel.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Packing

- Pack any prescription or over-the-counter medications you take daily, or as needed, in your carry-on luggage. Include a copy of the prescription in case a refill is required.
- Pack extra batteries for your nebulizer or portable oxygen concentrator.
- Include important health insurance information.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Learn more about traveling with oxygen at [Lung.org/oxygen](https://www.lung.org/oxygen) or talk to a Lung Health Navigator at 1-800-LUNG USA.

## Cope with Your Emotions

Taking care of your emotional health is as important as caring for your physical health. Anxiety and depression are common comorbidities when you are living with COPD.

### Recognize Signs of Anxiety, Panic and Depression

Everyone has feelings of sadness, fear and worry at times. But if you notice feelings do not go away after a few weeks, or you have trouble keeping up with everyday activities and enjoying life, then you may be experiencing symptoms of anxiety, panic, or depression.

- **Anxiety** is constant, debilitating worrying that may make it hard for you to do everyday activities.
- **Panic** is a sudden episode of intense fear or anxiety. This can cause shortness of breath, shallow breathing, and tense muscles.
- **Depression** is feeling down or sad and may cause you to have low energy levels, lose interest in activities you enjoy and withdraw from friends and family.

### Dyspnea or Shortness of Breath Cycle

Having shortness of breath can lead to muscle tightness and shallow breathing. This may be a scary experience and as a result you may start to feel anxious. This anxiety can also worsen your shortness of breath. As a result, to avoid experiencing these feelings again, you may limit your activities. Using your pursed lip and belly breathing can help break the dyspnea cycle.



**Questions or concerns I have for my healthcare provider about my emotional health or mood:**

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**Anxiety and depression are serious and should not be ignored or left untreated.** Talk to your healthcare provider about your feelings or changes in mood. There are several ways to treat anxiety and depression such as medications and counseling.

**If you have thoughts of hurting yourself, talk to your healthcare provider right away or call the National Suicide Prevention Hotline at 1-800-273-8255.  
If you need immediate assistance, call 911 or go to your nearest emergency room.**

## Manage Stress

Stress is a part of life. While you cannot always control the stressor, you can control how you respond to it. One way to manage stress is to create a coping skills toolbox or a list of ways to help you manage your stress. There is not one magic coping skill, and you may need more than one.



## My Coping Skills Toolbox

Check off the coping skills that you can add to your toolbox:

- |   |   |
|---|---|
| <input type="checkbox"/> Deep breathing exercises             | <input type="checkbox"/> Cook   |
| <input type="checkbox"/> Take a break from what causes stress | <input type="checkbox"/> Play a game on the computer or phone               |
| <input type="checkbox"/> Exercise or physical activity        | <input type="checkbox"/> Watch a funny or favorite television show or movie |
| <input type="checkbox"/> Journal or write down your thoughts  | <input type="checkbox"/> Hobby: _____                                       |
| <input type="checkbox"/> Take a walk                          | <input type="checkbox"/> Activity: _____                                    |
| <input type="checkbox"/> Call a friend or family member       | <input type="checkbox"/> Other: _____                                       |
| <input type="checkbox"/> Read                                 | <input type="checkbox"/> Other: _____                                       |
| <input type="checkbox"/> Draw or create artwork               |   |

## My Stressors

Write down a few things that are causing you stress. Use the coping skills above and write down the next time you get stressed and which coping skills you can try.

*Stressor- I get stressed at the doctor's office when I must wait a long time for my appointment.*

*Coping Skill – When I go to the doctor's office, I could bring a book to read or crossword puzzle to keep me distracted.*

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# Chapter 5: Nutrition and Physical Activity

You and your healthcare team can work together to find the right foods and activity plan to help you breathe better and have more energy.

## COPD and Nutrition

Your body uses food as fuel for all activities- including breathing. Breathing requires more energy when you have COPD, and your muscles may need more calories.

### Carbohydrates

Complex carbohydrates are found in whole-grain pasta, breads, fresh fruits, and vegetables. These foods also have vitamins, minerals and fiber that are important to your health.

Simple carbohydrates are found in sugars, candy, cake, and soft drinks. You should limit these carbohydrates.



**Snack suggestion:** 2 slices of whole-grain toast topped with ½ smashed avocado. Add seasoning for flavor.

### Protein

Protein is found in foods like meats, eggs, milk, fish, cheese, nuts, Greek yogurt or dried beans. Eat at least two foods with protein each day.



**Snack suggestion:** ¾ cup greek yogurt, ½ cup fruit like blueberries or strawberries and ¼ cup granola. Mix ingredients.

### Fluids

Water not only keeps you hydrated, but it also helps to thin excess mucus in your lungs, making it easier to cough up. Plan to drink water throughout the day. You may want to keep a cup of water on your nightstand as well. Try sugar free, non-caffeinated beverages to help supplement water in your diet.

*These are general nutritional guidelines for people living with COPD. Talk to your healthcare provider, nutritionist, or dietitian about your specific nutritional needs.*

### Types of Fats

There are several types of fats that can be found in food. Some fats may provide health benefits while other types you should eat sparingly.

#### Unsaturated fats

Unsaturated fats can be beneficial to your body. These types of fats are found mostly in plants, oils, nuts, and seeds.

Monounsaturated fats are found in different oils like peanut, olive or canola, avocados, certain nuts, and seeds.

Polyunsaturated fats can be found in sunflower, corn, soybean, and flaxseed oils, certain nuts, and seeds and fish.



**Snack suggestion:** ½ cup nuts like almonds, ¼ cup dried fruit like raisins and ¼ cup dried cereal (your choice).

#### Saturated fats

Saturated fat is found in many of the foods we eat including meats and dairy. These fats should be limited in your diet.

Saturated fat sources are found in pizza, cheese, butter, dairy desserts like ice cream, baked goods, many fast foods and meat products like beef.

Trans fat is found in many of the prepackaged, fast food or frozen foods you eat. Examples include fried food like French fries, cakes and other desserts, margarine, and frozen pizza.

**If you find yourself short of breath while eating or right after your meals, try these tips:**

- Rest before eating.
- Eat slowly and take smaller bites of food.
- Sit upright while eating.
- Take a break in between bites and practice pursed lip breathing.
- Eat more food early in the morning if you are usually too tired to eat later in the day.
- Avoid foods that cause gas or bloating.
- Eat 4 to 6 small meals a day. This helps your diaphragm move freely, and your lungs fill with air and empty out more easily.
- If drinking liquids with meals makes you feel too full to eat, limit liquids with meals or drink after meals.
- Consider adding a nutritional supplement at nighttime to avoid feeling full during the day.

**Foods I Would Like to Eat More Of:**

**Complex Carbohydrates**

- Whole-grain pasta
- Whole-grain breads
- Fresh fruits like \_\_\_\_\_
- Fresh vegetables like \_\_\_\_\_

**Proteins**

- Lean meats like \_\_\_\_\_
- Eggs
- Milk
- Fish
- Low fat dairy like \_\_\_\_\_
- Nuts like \_\_\_\_\_

**Unsaturated Fats**

- Oils
- Avocado
- Seeds like \_\_\_\_\_
- \_\_\_\_\_

Talk to your healthcare provider about the serving size and number of servings you should have at each meal. Learn more at [EatRight.org](http://EatRight.org)

## Weight Management

Your weight can make a difference to your lung health. There are health risks and complications for being overweight or underweight. Talk to your healthcare provider about the ideal weight for you and the ways to either lose, gain, or maintain your weight.



My current weight: \_\_\_\_\_

The weight my healthcare provider recommends for me: \_\_\_\_\_

The type of diet my healthcare provider recommends for me:

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Suggestions or tips from my healthcare provider about my weight:

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Depending on your other health conditions, your healthcare provider may recommend you follow a certain diet such as one that is lower in sodium and cholesterol if you have heart disease or meals with less carbohydrates if you have diabetes.

## COPD and Physical Activity

The right amount and type of exercise has many benefits to your health. Physical activity and exercise can improve your body's use of oxygen, boost your energy levels, and help to reduce stress, anxiety, and depression. Talk to your healthcare provider about your exercise goals.

Start with adding the type of activities you would like to try and the level of intensity:

Activity one: \_\_\_\_\_ Intensity: Light Moderate High

Activity two: \_\_\_\_\_ Intensity: Light Moderate High

Activity three: \_\_\_\_\_ Intensity: Light Moderate High

### Types of Exercises

In general, aim for a goal of 20-30 minutes of moderate exercise for three to four days a week. Create a weekly activity schedule that includes different types of exercises like endurance, strength and stretching.

### Stretching Exercises

Stretching is a good way to warm up before you exercise and cool down after you exercise. It helps increase your flexibility. Depending on the type of stretches you do, you should hold each stretch for 10-30 seconds, slowly breathing in and out. You should repeat these 2 or 3 times. **Some examples of gentle stretching exercises include:**

- Neck rolls
- Side reaches
- Upper body twists



### Endurance Exercises

Walking, jogging, swimming, and biking are examples of endurance exercises. These exercises increase your heart and breathing rate. This type of activity also helps your body use oxygen better, increases your energy level and reduces your shortness of breath.

### Tips for Walking

- Walk on flat or even surfaces and watch for cracks or potential tripping hazards if you are walking outside.
- If you are starting out, begin by walking at a slow pace and walk a short distance. As you build up your endurance, you can try to increase your pace, walk for a longer time and for a further distance.
- Use pursed lip breathing when short of breath and take breaks as needed.





### Resistance Exercises

Using free weights and resistance bands makes your muscles stronger which may help you breathe better, give you more endurance and help strengthen your bones. Talk to your healthcare provider about the number of times you should repeat this exercise and the number of sets you should do. On average, do these exercises three or four times a week for optimal results.



### Resistance Bands

Resistance bands are elastic, stretchable bands that you can use to build strength.

- Stand with your feet apart or if you are unable to stand, sit in a hard, sturdy chair.
- Holding both sides of the resistance band, raise your hands to chest level.
- As you exhale or breathe out, pull your arms apart, stretching the band out. As you stretch the band out, you should feel pressure in your shoulders. Inhale and keep this position. Breathe out and squeeze your shoulders together.
- As you inhale or breathe in, slowly return to the starting position.

### Exercising Safely

There are steps you can take to exercise with care.

- Before beginning or intensifying an exercise plan, talk with your healthcare provider about your goals and any medical advice needed to exercise safely.
- It is important to not overdo it. Exercising for too long or too intensely may cause injury, shortness of breath, and you may feel tired or fatigued afterward.
- Depending on the type of activity, make sure you are keeping your balance. Falls can happen suddenly and can cause serious injury. Use a handrail if you are climbing steps or a walker or cane to maintain your balance.
- Exercise with a friend, family member or neighbor. It is helpful to have someone exercising with you.
- Do not exercise if you are sick, have a COPD flare up or exacerbation, have a fever or infection, or are dizzy or feeling weak.
- Use supplemental oxygen while exercising if it is prescribed by your healthcare provider.
- Talk to your provider about whether using a quick relief medication before you start exercising would be beneficial. Always take your quick relief medication with you when you exercise.
- Take a break and rest if you start to feel out of breath. Use pursed lip breathing while you exercise to reduce shortness of breath.
- Avoid exercising outside on days with extreme temperatures, wind, or other bad weather conditions. Check the air quality and adjust to indoor activities if pollution levels are high.



## My Weekly Exercise Program

Create an exercise routine that works for you, and you'll be more likely to stick with it. List the type of exercises you would like to do each week. Put a check mark under the days of the week you will do each activity.

| Exercise  | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|--------|--------|---------|-----------|----------|--------|----------|
| <b>Stretching Activity:</b><br><i>neck rolls</i><br><i>side stretches</i> | ✓      |        | ✓       |           | ✓        |        |          |
| <b>Number of sets:</b><br><i>10 seconds each</i>                          |        |        |         |           |          |        |          |
| <b>Number of times it is repeated:</b><br><i>2 times each</i>             |        |        |         |           |          |        |          |
| <b>Endurance Activity:</b><br>_____<br>_____                              |        |        |         |           |          |        |          |
| <b>Number of minutes:</b><br>_____  |        |        |         |           |          |        |          |
| <b>Resistance Activity:</b><br>_____<br>_____                             |        |        |         |           |          |        |          |
| <b>Number of sets:</b><br>_____   |        |        |         |           |          |        |          |
| <b>Number of times it is repeated:</b><br>_____                           |        |        |         |           |          |        |          |
| <b>Stretching Activity:</b><br>_____<br>_____                             |        |        |         |           |          |        |          |
| <b>Number of sets:</b><br>_____   |        |        |         |           |          |        |          |
| <b>Number of times it is repeated:</b><br>_____                           |        |        |         |           |          |        |          |

## Chapter 6: Living Well with COPD

Breathing requires you to use more energy and you may find yourself with shortness of breath or tiring easily. Breaking down your daily activities into simple tasks is one way to conserve energy throughout the day.

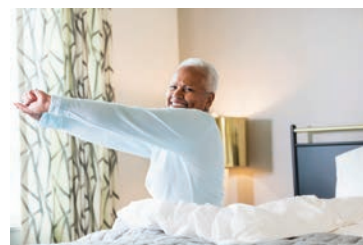
### Set Goals for Activities

Set realistic goals for yourself and remember you do not have to complete activities the same way you did in the past. Use the 5 P's and you can conserve energy and get the most out of your day.

- **Pace yourself**- Take breaks or rest between activities. Keep a slow and steady pace to avoid rushing. It is important to rest before you become tired.
- **Plan** - Space out your activities throughout the week. Break up the “heavy” tasks like doing your laundry, grocery shopping and going to an appointment into activities you complete over several days.
- **Position yourself** - Sit or stand upright and avoid bending or reaching excessively whenever possible. Bending or reaching may cause shortness of breath and fatigue. Standing in one position too long may also cause fatigue.
- **Prioritize your activities**- Focus on what is important for you to do and what can be done later. Aim to do the activities that are most important or need to be done quickly when you have the most energy.
- **Pursed lip breathing** - Use pursed lip breathing exercises throughout your daily activities and if you are getting short of breath.

### Waking Up

- Talk to your healthcare provider about when to take your daily COPD medication, especially if you experience symptoms upon waking up.
- Bathe or shower in the evening to avoid additional use of energy in the morning.
- Lay out clothing the night before so you do not have to gather items in the morning.



### Bathing and Grooming

- A handheld showerhead, shower chair, tub transfer bench and grab bar are types of assistive devices or durable medical equipment that may make it easier and safer for you to independently bathe or shower.
- Use oxygen while bathing. Place tubing over the shower door or place on the side of the shower curtain.
- Reduce the temperature of the water from hot to warm if hot water or steam causes you shortness of breath. Use a bathroom exhaust fan or leave the bathroom door or window cracked open. This will help reduce excess humidity and steam.
- Avoid scented soaps or toiletries.
- Use a terry cloth robe instead of a towel after bathing. Sit down when doing your hair, applying makeup or shaving.



### Meal Preparation

- Plan your weekly meals and create a shopping list.
- When cutting or chopping, sit down during the prep work.
- Rest before cleaning up after meals. Make clean up easier by leaving out dishes to air dry or use a dishwasher if available. Keep frequently used items like pots, pans, utensils and tableware on your stove range or counter instead of in cabinets.



### Shopping

- Always bring your quick relief or rescue medicine and enough supplemental oxygen for your entire trip. If you have a portable oxygen concentrator, have extra batteries or chargers in your vehicle.
- Use the mobility device recommended by your health care provider, such as a walker, cane, scooter, or rollator to help you get around.
- Avoid the store's busiest hours because you may spend more time waiting in lines and feel more rushed.
- Limit reaching or bending by asking for help if you need to reach something on a higher or lower shelf.
- Use a shopping cart whenever possible. A cart can help you position yourself upright which may help you breathe better, and you can use it to lean against if you need to rest.
- Research grocery delivery companies in your area. You may be able to have your groceries delivered or shipped to you.
- Ask your friends or family to help with this task or assist with putting away your grocery items.
- Have your frozen or refrigerated items placed together in the same bag. When you get home, make sure that bag gets inside first. The rest of the groceries can wait until later if you are too tired to bring them in.



### Intimacy

- Plan time for intimacy when you are rested.
- Experiment with positions and other activities that are intimate, but require less movement and exertion such as caressing, hugging, massaging, and manual stimulation.
- The partner who does not have COPD should make most of the movements.
- If you use oxygen therapy or inhaled medicine, ask your healthcare provider about also using the inhaled medicine before sexual activity or the need to increase your oxygen flow rate. Have your short-acting medicine available, if needed, during sexual activity.



**Identifying Community Resources**

Although friends, family and caregivers can assist with some daily activities, you may find you need additional programs or services. If there are activities of daily living that you find difficult completing safely, talk to your healthcare provider about options available to you.

- Ask about a referral to pulmonary rehabilitation to build up your activity level or an in-home assessment by an occupational therapist. An occupational therapist can help you learn tips to manage your everyday activities.
- Talk with your health insurance company about what type of durable medical equipment or supplies are covered under your policy such as a commode, grab bars or a wheelchair.
- Contact your local Agency on Aging for local services and resources that may be available such as meal service programs and transportation.
- Contact local homecare agencies that may offer cleaning services and help with other daily activities.

Questions I have for community service or program providers:

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### Your Support Team

You are not alone, and it is okay to ask for help. Caregivers, friends, and family may want to help but need guidance from you on the type of help you need most.

Put a check mark next to the activities you need help completing or are more challenging.

- Driving (could be to appointments or to go shopping)
- Shopping
- Reminders to take your medication
- Housework (vacuuming, making the bed or doing the laundry)
- Yard work (mowing the lawn, gardening, raking leaves or shoveling snow)
- Preparing meals
- Helping with daily activities (getting out of bed, dressing, bathing, or showering)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



**My Plan to Use the 5 P’s**

| <p><b>Activity or task that I need help with completing.</b></p> | <p><b>Who can I ask for help?</b></p>     | <p><b>How can I use the 5 P’s to complete the activities?</b></p> <ul style="list-style-type: none"> <li>• Pace yourself</li> <li>• Plan ahead</li> <li>• Position yourself</li> <li>• Prioritize your activities</li> <li>• Pursed lip breathing</li> </ul>   |
|--|---|--|
| <p><i>Bringing my groceries up the steps after shopping</i></p>  | <p><i>Bob, my neighbor or his son</i></p> | <p><i>Prioritize bringing up the foods that are frozen or refrigerated.</i></p> <p><i>Use pursed lip breathing while walking up and down the steps.</i></p> <p><i>Pace myself and take a break, especially if I need to take more than one trip.</i></p> <p><i>If I cannot bring up everything, leave the other foods in the car until someone else can help me.</i></p> |
|  |   |  |
|  |   |  |



| <b>Activity or task that I need help with completing.</b> | <b>Who can I ask for help?</b> | <b>How can I use the 5 P's to complete the activities?</b> <ul style="list-style-type: none"><li>• Pace yourself</li><li>• Plan ahead</li><li>• Position yourself</li><li>• Prioritize your activities</li><li>• Pursed lip breathing</li></ul> |
|---|--------------------------------|---|
|   |                                |   |
|   |                                |   |
|   |                                |   |

## Caregiver Corner

Caregivers are unsung, everyday heroes that often find themselves in this role unexpectedly and without any formal training, education, or guidance.

Caregiving can be rewarding however it can also be stressful. Sit down with your loved one and review the list below. **Check any boxes you can offer as ways to support your loved one.**

| Types of support needed                                       | Ways to offer support   |
|---|---|
| <p><b>Understanding COPD and Deep Breathing Exercises</b></p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Recognizing symptoms</li> <li><input type="checkbox"/> Medical tests and procedures and reminders</li> <li><input type="checkbox"/> Deep breathing exercises</li> <li><input type="checkbox"/> _____</li> </ul>   |
| <p><b>Healthcare Provider Support and Communication</b></p>   | <ul style="list-style-type: none"> <li><input type="checkbox"/> Handling communication</li> <li><input type="checkbox"/> Scheduling appointments</li> <li><input type="checkbox"/> Transporting to and from appointments</li> <li><input type="checkbox"/> Attending appointments</li> <li><input type="checkbox"/> _____</li> </ul>                                |
| <p><b>Medication</b></p>                                      | <ul style="list-style-type: none"> <li><input type="checkbox"/> Offering daily medication reminders</li> <li><input type="checkbox"/> Reviewing steps to use medication delivery devices</li> <li><input type="checkbox"/> Cleaning and maintaining devices</li> <li><input type="checkbox"/> Medication refills</li> <li><input type="checkbox"/> _____</li> </ul> |
| <p><b>Supplemental Oxygen Support</b></p>                     | <ul style="list-style-type: none"> <li><input type="checkbox"/> Monitor refills</li> <li><input type="checkbox"/> Scheduling refills or maintenance on equipment</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> </ul>   |

| Types of support needed | Ways to offer support  |
|-------------------------|--|
| <b>Managing COPD</b>    | <ul style="list-style-type: none"><li><input type="checkbox"/> Scheduling and tracking vaccinations</li><li><input type="checkbox"/> Supporting their plan to quit smoking</li><li><input type="checkbox"/> Scheduling pulmonary rehabilitation</li><li><input type="checkbox"/> Identifying, reducing, and removing COPD triggers</li><li><input type="checkbox"/> Reviewing and developing plans to prepare for disasters and emergencies</li><li><input type="checkbox"/> Meal prepping and healthy eating strategies</li><li><input type="checkbox"/> Exercising with your loved one</li><li><input type="checkbox"/> Helping with daily activities</li><li><input type="checkbox"/> Starting the conversation about future planning</li><li><input type="checkbox"/> Recognizing and responding to COPD exacerbations</li><li><input type="checkbox"/> _____</li><li><input type="checkbox"/> _____</li></ul> |

**Find Support for Yourself**

As a caregiver it is important for you to balance your needs and your own health. **Write down the ways you can be supported by others:**

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# Chapter 7: Airway Clearance Techniques

If you have a productive cough or are coughing up phlegm or mucus, it is important to clear the mucus out of your lungs.

Water can help thin your mucus and make it easier to cough up. Another way to drain extra mucus is by using airway clearance techniques. Talk to your healthcare provider about different airway clearance techniques and when you should be using them.

## Huff Cough Technique

The huff cough is a coughing method that helps remove mucus from your airways.



Get started by sitting upright in a chair with both feet on the floor. Take a slow, deep breath through your nose.

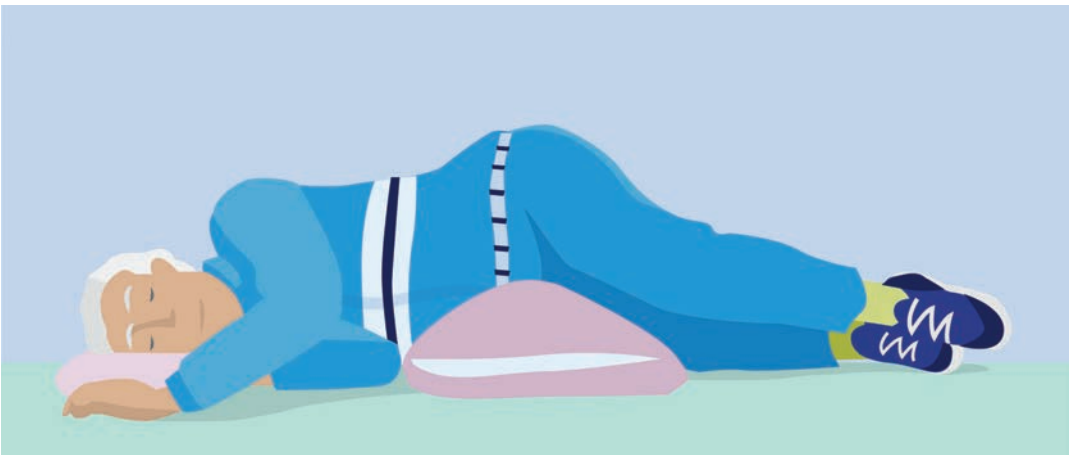
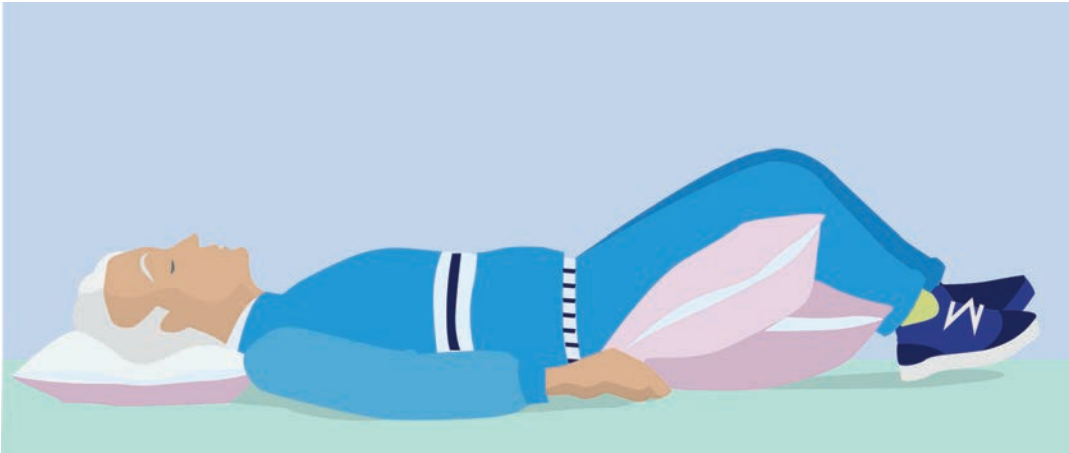
To exhale, open your mouth and make a “huff” sound in your throat. Huff 2-3 times as you breathe out. Relax and repeat as needed.

When to use: \_\_\_\_\_

Instructions: \_\_\_\_\_

**Postural Drainage**

Postural drainage is a technique in which you change your body position to help drain mucus from your lungs. When you lie with your chest lower than your abdomen, it can help drain excess mucus. Use pursed lip breathing while in these positions. When coughing, sit upright and use the huff cough technique.



When to use: \_\_\_\_\_

Instructions: \_\_\_\_\_

**Positive Expiratory Pressure (PEP) Therapy**

To use this handheld device, you will exhale into the device. This creates pressure or vibration inside the lungs to loosen mucus. There are several PEP devices and each device may have different settings. Your healthcare provider will tell you which settings to use on the device. They may recommend using this device after you use your medication while your airways are open.



When to use: \_\_\_\_\_

Setting: \_\_\_\_\_

Instructions: \_\_\_\_\_

Cleaning Instructions: \_\_\_\_\_

**Vibrating Vest**

A high-frequency chest oscillation vest or vibrating vest fits over your chest. An air generator quickly inflates and deflates the vest. This motion vibrates the chest and helps loosen mucus. Cough to remove the loosened mucus. Vibrating vests may be covered under your medical insurance plan.

When to use: \_\_\_\_\_

Setting: \_\_\_\_\_

Instructions: \_\_\_\_\_

Manufacture contact: \_\_\_\_\_

# Chapter 8: Planning for the Future

Discuss your wishes for future medical care and end-of-life goals with your loved ones.

## Advanced Care Planning

An advance directive includes a healthcare power of attorney and living will.

- **Healthcare power of attorney** is someone who you know and trust to make healthcare decisions for you if you are unable to do so yourself.
- A **living will** outlines your end-of-life medical wishes. Your healthcare power of attorney will use your living will to guide their decisions and put your wishes first.

Some states require different forms or documents to be notarized, while others do not. To learn more about advanced care planning, you can contact your local Agency on Aging. If you are a Veteran, you can contact your local Veteran Affairs office for assistance with these documents.

## Supportive Care

Comfort care or supportive care is a treatment option that addresses your emotional and physical concerns and focuses on improving your quality of life and reducing symptoms.

There are different types of supportive care options:

- **Palliative care** can begin at any stage of your disease. The treatment focuses on improving your quality of life, managing symptoms, and making sure your wishes and treatment goals are being met.
- **Hospice care** should be considered if you reach the end stage of your disease. Hospice care is not about giving up but rather about taking control and making choices that are right for you. The medications you take will be reviewed with your healthcare provider to determine if you wish to continue or discontinue using them.

A multidisciplinary team of doctors, nurses, spiritual advisors, nutritionists, and social workers can provide supportive options. It is important to speak with your insurance company for details on your coverage for these services.

### What Kind of Care is Right for Me?

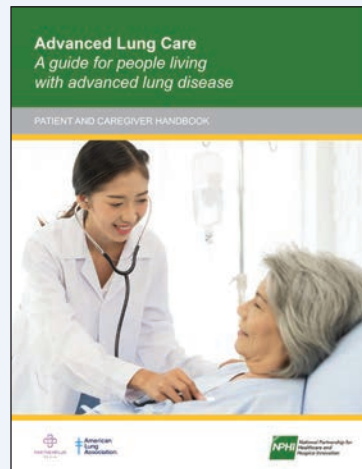
The care that will benefit you most depends on where you are in your COPD journey.

Circle the response you mostly agree with to determine what treatment options may be best for you. Then, talk to your healthcare provider about your responses.

|   |       |          |
|---|-------|----------|
| 1. I would like an extra layer of support while managing my COPD.           | Agree | Disagree |
| 2. I want my care to focus on maintaining and improving my quality of life. | Agree | Disagree |
| 3. I want to STOP receiving treatment that is intended to improve my COPD.  | Agree | Disagree |
| 4. My healthcare provider told me I have less than one year to live.        | Agree | Disagree |



Starting the conversation with your healthcare provider and your loved ones about end-of-life care may be difficult. **Use the QR codes to watch the video How to Start a Conversation about Palliative Care and Hospice and download the Palliative Care Worksheet or Advanced Lung Care Guide.**




# Chapter 9: Understanding COPD Exacerbations

Having a COPD exacerbation can be serious and scary. Talk to your healthcare provider about what signs and symptoms to watch for and how to treat an exacerbation.

## Zones of the COPD Action Plan

It is important to know the signs and symptoms you experience daily or on a “normal” day. When you know how you feel on a day where your COPD is under control, it will help you recognize when your symptoms are getting worse.




**Green Zone**  
The green zone is where you want to be everyday.

In the green zone, continue to take your daily medication or oxygen as prescribed by your healthcare provider.

Circle the symptoms you experience on a “normal” day or when your COPD is under control.

- Chronic or lingering cough
- Cough that brings up sputum (phlegm or mucus)
- Shortness of breath or dyspnea
- Wheezing or chest tightness
- Fatigue or tiredness
- Other \_\_\_\_\_
- Other \_\_\_\_\_

It is important, even when you are feeling well, to have regular appointments with your healthcare provider to monitor your COPD.



**Yellow Zone**  
The yellow zone means that you have more COPD symptoms than usual. You should call your healthcare provider if symptoms do not improve after treatment.

A COPD flare up or exacerbation is a sudden worsening of symptoms. The list below includes common signs and symptoms of a COPD flare up or exacerbation. **Add in other signs and symptoms you experience during a flare up or exacerbation.**

- More coughing
- Changes to the sputum (mucus or phlegm) you cough up which may include color, thickness, or amount
- Difficulty sleeping
- Increased shortness of breath or having a hard time taking a deep breath
- Wheezing or noisy breathing
- More fatigue or tiredness
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

In the yellow zone, if your medication and treatments are not helping, contact your healthcare provider right away. They may recommend you use your quick relief medication, start a corticosteroid or antibiotic and use pursed lip breathing.



### Red Zone

The red zone means that you are experiencing severe COPD symptoms, or a COPD exacerbation. If you are in this zone you should call 911 or seek medical care immediately.

**If your symptoms are not improving or are getting worse, seek immediate medical attention.**

In the red zone, your symptoms have become serious, and you need immediate medical attention. You may notice that even at rest, you are short of breath. You may also have chest pain, cough up blood or have chills.

Other signs or symptoms that may appear along with your severe COPD symptoms are blue or gray color in your lips, fingertips or nails, racing heart rate, confusion, or fever. You may not be able to sleep or do any activities because of your difficulty breathing.

### My Symptom Tracker

Monitor your symptoms over the next two or three weeks. Fill out this chart when you are in the yellow or red zone. Add any symptoms you had and the steps you took based on your COPD Action Plan.

**On the next page, check the following boxes that fit how you feel on the days you are in the yellow or red zone:**

**Yellow zone-** your daily symptoms have gotten worse, or you have new symptoms. You may need additional treatment and you should contact your healthcare provider.

**Red zone-** your symptoms are much worse, and you need immediate medical attention or should call 911.

You can use the symptom tracker to help find any patterns with your COPD symptoms. Bring this tracker to your next healthcare provider appointment.

## Chapter 9 : Understanding COPD Exacerbations

| Day or date       | Yellow Zone | Red Zone | Symptoms I had...                          | Steps I took...   |
|-------------------|-------------|----------|--|---|
| Sunday<br>5/12/24 | X           |          | <i>I felt out of breath when shopping.</i> | <i>Took my quick relief inhaler.<br/><br/>Used pursed lip breathing.<br/><br/>Took a break until I felt better.</i> |
| ___/___/___       |             |          |  |   |
| ___/___/___       |             |          |  |   |
| ___/___/___       |             |          |  |   |
| ___/___/___       |             |          |  |   |
| ___/___/___       |             |          |  |   |
| ___/___/___       |             |          |  |   |
| ___/___/___       |             |          |  |   |
| ___/___/___       |             |          |  |   |

**Recovery from a COPD Exacerbation**

After a COPD flare up or exacerbation, it is important to monitor your symptoms and know when to seek additional medical attention. Get lots of rest and allow your body to fully recover.

**Allow Yourself Time to Recover**

Depending on the severity of your exacerbation, recovery may last a few days to several weeks. During this time, you will need to drink plenty of water and get extra rest.

Your healthcare provider may recommend you take time off work to recover or limit your other obligations. When doing daily activities, pace yourself and rest as you move between activities. This is a time where you will want to conserve your energy and ask your friends, family, and caregivers to help.



**Medications**

Take your COPD medication and use supplemental oxygen as prescribed by your healthcare provider. Part of your recovery plan may include taking medication to help reduce your fever or additional medication to improve your COPD symptoms. Take the entire course of your medications and do not stop taking medications just because you feel better without first talking with your healthcare provider.

**Follow Up with Your Appointments**

Schedule a follow up appointment with your health care provider. You may also receive a referral to attend pulmonary rehabilitation, quit smoking or see a pulmonologist. Keep those appointments and follow through with those recommendations.



**Follow your healthcare provider’s instructions on when to seek additional medical attention after a COPD exacerbation or flare up:**

- Worse or returning fever
- Increased shortness of breath
- Chest pain
- Quick relief COPD medication is not helping
- \_\_\_\_\_
- \_\_\_\_\_

**Questions I have for my healthcare provider about recovering from a COPD exacerbation:**

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## Chapter 10: American Lung Association Resources, Programs and Tools

### Patient and Caregiver Network

Join our nationwide, online support program that provides direct access to lung disease management tools, education and connection to others living with lung disease. Become a member at [Lung.org/PCN](https://www.lung.org/PCN).

### Better Breathers Club

Attend an in person or virtual support group to learn ways to manage your COPD and get support from others. Find a Club in your community at [Lung.org/better-breathers](https://www.lung.org/better-breathers).

### Freedom From Smoking® Program

Freedom From Smoking® is a virtual or in person tobacco cessation program that has helped more than a million people in the United States end their addiction to nicotine. Join today at [Lung.org/FFS](https://www.lung.org/FFS).

### Inspire Living with COPD Support Community

Build your support network and connect with others living with COPD online at [Lung.org/community](https://www.lung.org/community).

### Lung Health Navigator Program

The Lung HelpLine is staffed by expert registered respiratory therapists, registered nurses and tobacco cessation counselors that can answer your lung health questions. Contact the HelpLine or Lung Health Navigator for free at **1-800-LUNG USA** or [Lung.org/HelpLine](https://www.lung.org/HelpLine).

### Lung Health Basics Online Course

The American Lung Association offers a suite of free, online courses to help you understand and manage lung disease. Some of the courses include:

- COPD Basics
- Asthma Basics
- Infectious Disease Basics
- Tobacco Basics

Learn more about all our free courses at [Lung.org/training](https://www.lung.org/training).



# My COPD Action Plan

**Patients and healthcare providers should complete this action plan together. This plan should be discussed at each visit and updated as needed.**

The green, yellow and red zones show symptoms of COPD. The list of symptoms is not complete. You may experience other symptoms. In the “Actions” column, your healthcare provider will recommend actions for you to take. Your healthcare provider may write down other actions in addition to those listed here.

## Green Zone: I am doing well today

### Actions

- Usual activity and exercise level
- Usual amounts of cough and phlegm/mucus
- Sleep well at night
- Appetite is good

- Take daily medicines
- Use oxygen as prescribed
- Continue regular exercise/diet plan
- Avoid tobacco product use and other inhaled irritants
- \_\_\_\_\_

## Yellow Zone: I am having a bad day or a COPD flare

### Actions

- More breathless than usual
- I have less energy for my daily activities
- Increased or thicker phlegm/mucus
- Using quick relief inhaler/nebulizer more often
- More swelling in ankles
- More coughing than usual
- I feel like I have a “chest cold”
- Poor sleep and my symptoms woke me up
- My appetite is not good
- My medicine is not helping

- Continue daily medication
- Use quick relief inhaler every \_\_\_\_ hours
- Start an oral corticosteroid (specify name, dose, and duration)  
\_\_\_\_\_
- Start an antibiotic (specify name, dose, and duration)  
\_\_\_\_\_
- Use oxygen as prescribed
- Get plenty of rest
- Use pursed lip breathing
- Avoid secondhand smoke, e-cigarette aerosol, and other inhaled irritants
- Call provider immediately if symptoms do not improve
- \_\_\_\_\_

## Red Zone: I need urgent medical care

### Actions

- Severe shortness of breath even at rest
- Not able to do any activity because of breathing
- Not able to sleep because of breathing
- Fever or shaking chills
- Feeling confused or very drowsy
- Chest pains
- Coughing up blood

- Call 911 or seek medical care immediately
- While getting help, immediately do the following:
- \_\_\_\_\_

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## My COPD Management Plan

### General Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Healthcare Provider Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Health Assessment

Weight: \_\_\_\_\_ lbs | FEV1 % Predicted: \_\_\_\_\_ | Oxygen Saturation at Exercise: \_\_\_\_\_ % | Tested for Alpha-1?  
 Date: \_\_\_\_\_ | Date: \_\_\_\_\_ | Date: \_\_\_\_\_ |  Yes  No Date: \_\_\_\_\_

### General Lung Care

Flu vaccine \_\_\_\_\_ Date received: \_\_\_\_\_ Next Flu vaccine due: \_\_\_\_\_  
 Pneumococcal conjugate vaccine (PCV13)  Yes  No Date received: \_\_\_\_\_ Next PCV13 vaccine due: \_\_\_\_\_  
 Pneumococcal polysaccharide vaccine (PPSV23)  Yes  No Date received: \_\_\_\_\_ Next PPSV23 vaccine due: \_\_\_\_\_  
 COVID19 vaccine  Yes  No Tobacco use, including e-cigarettes  Never  Past  Current  
 Exercise plan  Yes  No  Walking  Other \_\_\_\_\_ Pulmonary rehabilitation  
 \_\_\_\_\_ min/day \_\_\_\_\_ days/week Date last attended: \_\_\_\_\_  
 Diet plan  Yes  No Goal Weight: \_\_\_\_\_

### Medications for COPD

| Purpose of Medicine | Name of Medicine | How Much to Take | When to Take |
|---------------------|------------------|------------------|--------------|
|                     |                  |                  |              |
|                     |                  |                  |              |

### My Quit Plan

**Advise:** Firmly recommend quitting tobacco use  Discuss use of medications, if appropriate: \_\_\_\_\_  
 **Assess:** Readiness to quit  Freedom From Smoking®  Lung HelpLine  
 Lung.org/ffs 1-800-LUNG-USA  
 **Encourage:** To pick a quit date  
 **Assist:** With a specific cessation plan that can include materials, resources, referrals and aids

### Oxygen

Resting: \_\_\_\_\_ Increased Activity: \_\_\_\_\_ Sleeping: \_\_\_\_\_

### Advanced Care and Planning Options

Advance Directives (incl. Healthcare Power of Attorney): \_\_\_\_\_

### Other Health Conditions

Anemia  Anxiety/Panic  Arthritis  Blood Clots  Cancer  Depression  
 Diabetes  GERD/Acid Reflux  Heart Disease  High Blood Pressure  Insomnia  Kidney/Prostate  
 Osteoporosis  Sleep Apnea  Other: \_\_\_\_\_



Scan the QR code to access resources and videos.

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## Getting Ready for Your Next Office Visit

### Appointment Information

Provider Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

### Other Healthcare Providers I Am Seeing

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason to see this healthcare provider: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason to see this healthcare provider: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason to see this healthcare provider: \_\_\_\_\_

### Prescribed and Over-the-Counter Medicines and Supplements

| Name of Drug/Supplement | Dose  | Frequency | Prescribed/Recommended by |
|-------------------------|-------|-----------|---------------------------|
| .....                   | ..... | .....     | .....                     |
| .....                   | ..... | .....     | .....                     |
| .....                   | ..... | .....     | .....                     |
| .....                   | ..... | .....     | .....                     |
| .....                   | ..... | .....     | .....                     |
| .....                   | ..... | .....     | .....                     |
| .....                   | ..... | .....     | .....                     |
| .....                   | ..... | .....     | .....                     |
| .....                   | ..... | .....     | .....                     |

Name of My Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

### Symptoms I Have Been Experiencing

|                                 |                                       |
|---------------------------------|---------------------------------------|
| Coughing                        | Feeling nervous                       |
| Chest tightness                 | Rapid heartbeat                       |
| Wheezing                        | Head/nose stopped up                  |
| Unable to exercise              | Restlessness                          |
| Feeling tired                   | Fever                                 |
| Need to clear throat repeatedly | Stroking chin or throat               |
| Dry mouth                       | Increased use of quick-relief inhaler |
| Waking up at night              | Other:                                |

How frequently these symptoms occur: \_\_\_\_\_

When the symptoms begin: \_\_\_\_\_

Things I do to relieve these symptoms: \_\_\_\_\_

### Additional Concerns and Questions

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Next Steps

Notes from my healthcare provider: \_\_\_\_\_

\_\_\_\_\_

Tests to schedule: \_\_\_\_\_

\_\_\_\_\_

Next appointment (Day/Time): \_\_\_\_\_



# Getting Ready for Your Next Office Visit

## Appointment Information

Provider Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

## Other Healthcare Providers I Am Seeing

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason to see this healthcare provider: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason to see this healthcare provider: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason to see this healthcare provider: \_\_\_\_\_

## Prescribed and Over-the-Counter Medicines and Supplements

| Name of Drug/Supplement | Dose  | Frequency | Prescribed/Recommended by |
|-------------------------|-------|-----------|---------------------------|
| .....                   | ..... | .....     | .....                     |
| .....                   | ..... | .....     | .....                     |
| .....                   | ..... | .....     | .....                     |
| .....                   | ..... | .....     | .....                     |
| .....                   | ..... | .....     | .....                     |
| .....                   | ..... | .....     | .....                     |
| .....                   | ..... | .....     | .....                     |
| .....                   | ..... | .....     | .....                     |
| .....                   | ..... | .....     | .....                     |

Name of My Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

### Symptoms I Have Been Experiencing

|                                 |                                       |
|---------------------------------|---------------------------------------|
| Coughing                        | Feeling nervous                       |
| Chest tightness                 | Rapid heartbeat                       |
| Wheezing                        | Head/nose stopped up                  |
| Unable to exercise              | Restlessness                          |
| Feeling tired                   | Fever                                 |
| Need to clear throat repeatedly | Stroking chin or throat               |
| Dry mouth                       | Increased use of quick-relief inhaler |
| Waking up at night              | Other:                                |

How frequently these symptoms occur: \_\_\_\_\_

When the symptoms begin: \_\_\_\_\_

Things I do to relieve these symptoms: \_\_\_\_\_

### Additional Concerns and Questions

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### Next Steps

Notes from my healthcare provider: \_\_\_\_\_

---

Tests to schedule: \_\_\_\_\_

---

Next appointment (Day/Time): \_\_\_\_\_

# Medication Tracker

## Pharmacy Information

Name of Pharmacy: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Work with your care team to fill in the log below:

**Remember to cross out any medications you are no longer taking!**

| Name of Medication | What Is This Medication For? | Date Prescribed | Doctor That Prescribed Medication | How Much? (dose) | How Often? | Directions For Taking Medication | Side Effects |
|--------------------|------------------------------|-----------------|-----------------------------------|------------------|------------|----------------------------------|--------------|
|                    |                              |                 |                                   |                  |            |                                  |              |
|                    |                              |                 |                                   |                  |            |                                  |              |

## Medication Tracker

| Name of Medication | What Is This Medication For? | Date Prescribed | Doctor That Prescribed Medication | How Much? (dose) | How Often? | Directions For Taking Medication | Side Effects |
|--------------------|------------------------------|-----------------|-----------------------------------|------------------|------------|----------------------------------|--------------|
|                    |                              |                 |                                   |                  |            |                                  |              |
|                    |                              |                 |                                   |                  |            |                                  |              |
|                    |                              |                 |                                   |                  |            |                                  |              |
|                    |                              |                 |                                   |                  |            |                                  |              |
|                    |                              |                 |                                   |                  |            |                                  |              |
|                    |                              |                 |                                   |                  |            |                                  |              |



## Medication Tracker

| Name of Medication | What Is This Medication For? | Date Prescribed | Doctor That Prescribed Medication | How Much? (dose) | How Often? | Directions For Taking Medication | Side Effects |
|--------------------|------------------------------|-----------------|-----------------------------------|------------------|------------|----------------------------------|--------------|
|                    |                              |                 |                                   |                  |            |                                  |              |
|                    |                              |                 |                                   |                  |            |                                  |              |
|                    |                              |                 |                                   |                  |            |                                  |              |
|                    |                              |                 |                                   |                  |            |                                  |              |
|                    |                              |                 |                                   |                  |            |                                  |              |

# Supplements and OTC Medications Tracker

List any supplements or over-the-counter medications you are taking

| Name of Supplement/<br>Over-the-counter medication | What Is This For? | How Much? (dose) | How Often? | Directions For Taking | Side Effects |
|--|-------------------|------------------|------------|-----------------------|--------------|
|  |                   |                  |            |                       |              |
|  |                   |                  |            |                       |              |
|  |                   |                  |            |                       |              |
|  |                   |                  |            |                       |              |
|  |                   |                  |            |                       |              |
|  |                   |                  |            |                       |              |

## **Congratulations!**

You have successfully completed the Learning to Live with COPD Workbook. We would love to hear more about your experience. The QR code will take you to a brief, 2-minute survey. We appreciate your feedback and thank you in advance for completing the evaluation.



**Learning to Live with COPD  
Workbook Evaluation**

