



COPD Journal

Chronic Obstructive Pulmonary Disease

Patient Name

For All Emergencies Call 911

The person to contact with changes in condition or concerns is:

My Primary Care Provider/phone #: -----

My Pulmonologist/phone #: -----

Keeping Your COPD Journal

This journal is designed to help you understand chronic obstructive pulmonary disease (*COPD*) and things you can do every day to help manage your symptoms.

Chronic means it's there for a long time

Obstructive means partly blocked airflow in the lungs

Pulmonary is another word for lungs

Disease is an illness

Please use your journal daily and bring it with you to all healthcare provider visits and have ready for home health visits.

When to Call Your Healthcare Provider

- Difficulty breathing and wheezing more than usual (24 to 36 hours).
- Increased cough or mucus production.
- Mucus that is mixed with blood, or is green, yellow, or thicker than normal.
- Swollen hands, ankles, or feet.
- Extreme fatigue or unusual drowsiness.
- Fever or chills
- Chest pain or tightness

My Follow-up Appointments Are:

COPD ZONES – My COPD Action Plan

It is recommended that patients and providers complete this action plan together.

This plan should be discussed at each physician visit and updated as needed.

The green, yellow and red zones show symptoms of COPD. The list of symptoms is not comprehensive, and you may experience other symptoms. In the “Actions” sections, your healthcare provider will recommend actions for you to take based on your symptoms by checking the appropriate boxes. Your healthcare provider may write down other action in addition to those listed here.

GREEN ZONE

I am doing well today

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

Actions

- Take daily medicine
- Use oxygen
- Continue regular exercise/diet plan
- At all times, avoid cigarette smoke, inhaled irritants

YELLOW ZONE

I am having a bad day or a COPD flare

- More breathless than usual
- I have less energy for my daily activities
- Increased or thicker phlegm/mucus
- Using a quick relief inhaler/nebulizer more often (*more than 4 times a day*)
- Swelling of ankles more than usual
- 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

Actions

Call your healthcare provider immediately

- Continue to use daily medicines
- Use relief inhaler _____ every _____ hours
- Start antibiotic (*when provided*)
Name, dose & duration _____
- Start oral corticosteroid (*when provided*)
Name, dose & duration _____
- Use oxygen as prescribed
- Get plenty of rest
- Use pursed lip breathing
- At all times, avoid cigarette smoke, inhaled irritants

RED ZONE

I need urgent medical care

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

Actions

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

What is COPD?

COPD stands for chronic obstructive pulmonary disease. It is a lung disease that over time, makes it hard to breathe and can interfere with your daily life. It is the third leading cause of death in the U.S. Most people get COPD from smoking. Cigarette smoke causes lung damage over time. COPD, also known as emphysema and chronic bronchitis, is a very serious disease and may affect your quality of life. However, COPD is preventable and treatable and treatment should begin as soon as possible.

What are the Symptoms of COPD?

- Chronic cough with or without sputum.
- Shortness of breath while doing everyday activities.
- Spasms of coughing and wheezing.
- Producing a lot of sputum.
- Feeling like you can't breathe or take a deep breath.

Risk Factors for COPD:

- **Smoking:** Up to 90% of cases of chronic obstructive pulmonary disease are caused by smoking, according to the American Lung Association. Secondhand smoke also causes you to be at risk for COPD.
- **Genetics:** Research suggests that genes may effect COPD. There is one gene so far that has been linked to emphysema. Alpha-1 antitrypsin (*AAT*) deficiency is a genetic defect that causes emphysema (*especially in smokers*) at a younger age than those who do not have the deficiency.
- **Air pollution:** Being exposed to toxic fumes and industrial smoke over time can increase your risk of developing COPD, but is a minor cause compared to smoking.
- **Infections:** Bacteria and viruses do not cause COPD, but they can make symptoms worse if they cause a respiratory infection.

Diagnosing COPD:

- **History and physical exam:** your medical history, family history, symptoms, and smoking habits should be evaluated.
- **Blood tests.**
- **Chest X-ray.**
- **Pulmonary function tests:** the most common of these tests is spirometry. This measures how fast you can exhale (flow) and how much air you can blow out (*volume*).

How is COPD Managed?

- Take medications as prescribed.
- Oxygen therapy may be prescribed if testing shows your blood contains too little oxygen.
- Quitting smoking is the best way to keep COPD from getting worse. No matter what shape your lungs are in, quitting now will make a difference!
- Learning how to avoid infection or flare-ups can help keep COPD symptoms from getting worse.
- Exercise will improve energy levels and strengthen muscles.
- Learning about breathing exercises and watching your activity level can be helpful.
- Pulmonary rehabilitation – a program which helps improve your symptoms of COPD and quality of life.

Tip #1

**Keep your immunizations up to date.
Check with your care provider to see if you need a Flu shot
or a pneumonia shot.**

Tip #2

**If friends or family have a cold or illness, stay away from them
until your friends and family are feeling better. Washing your hands
with soap and water is the best way to prevent a cold or illness.**

Everyday, Ask Yourself:

“What are my symptoms? Are my symptoms controlled? Do I need to call my doctor?”

	MON	TUES	WED	THURS	FRI	SAT	SUN
Are you more short of breath than usual?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Are you coughing more than usual?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Are you bringing up more mucus than usual?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Is your mucus darker or more colorful than usual?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Do you have chills?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Add the YES's circled. If you circle 2 or more each day for 2 days in a row, please call your Care Provider.							

Tip #3

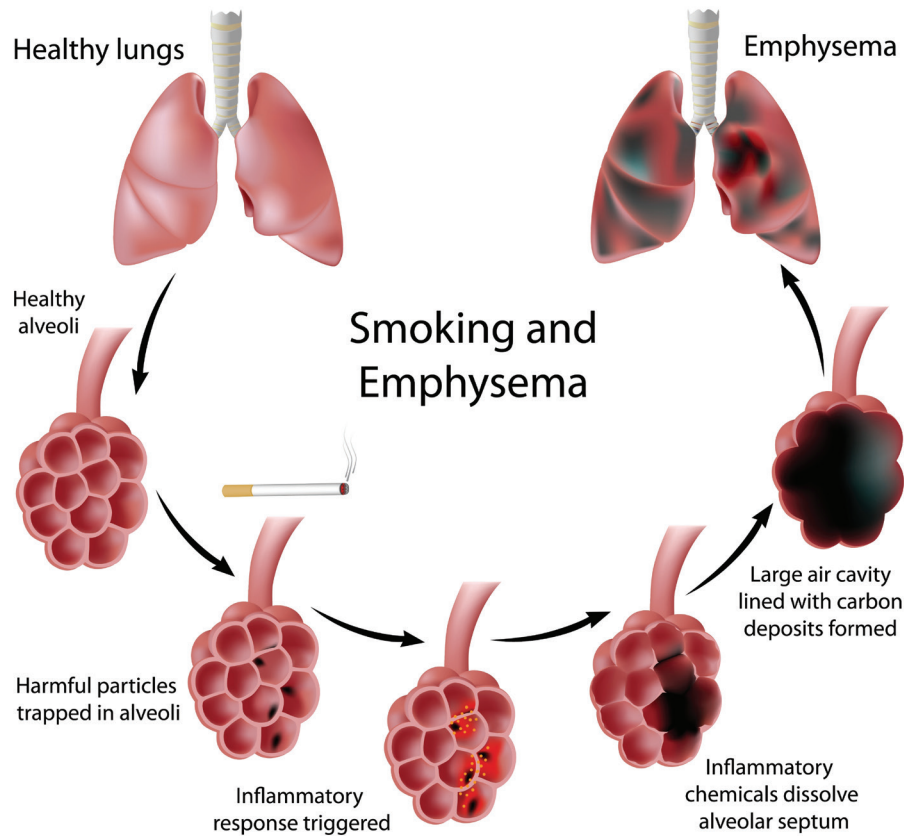
If you have a flare up (change in your condition) – Call your healthcare provider immediately for advice.

Some warning signs to watch for are:

- Increased shortness of breath, wheezing, or coughing
- Mucus that has increased, has changed color, is bloody, or has an odor. Chest tightness that does not go away with your normal medications.
- Feeling more tired than usual
- Fever, chills, or night sweats.
- Sore throat
- Muscle aches and pains or headache

A Look Inside the Lungs

The lungs' job is to get air into and out of the body. Air travels through a network of branching airways (*tubes*) which are made of stretchy tissue. The airways are wrapped with muscle bands that move the airway when you breathe. The airways end in clusters of air sacs (*alveoli*) which are surrounded by blood vessels. The oxygen we breathe passes through the air sac into the blood vessels and is used by the body. Carbon dioxide is produced in the body and passes from the blood vessels into the air sac and this is released when we breathe out.

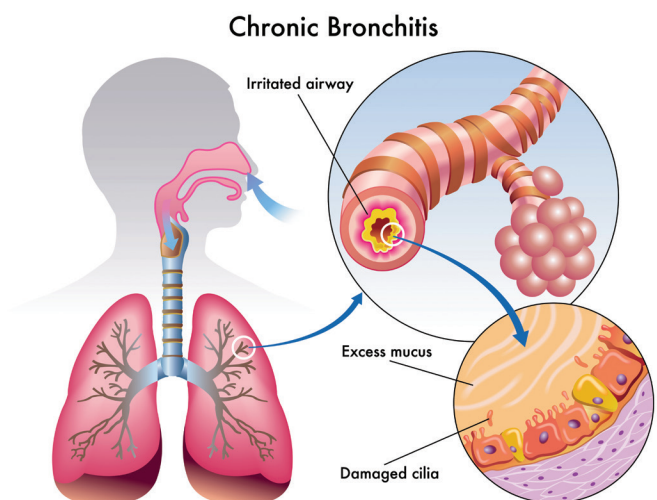


Emphysema

When the airways are damaged, they lose their stretchiness and become baggy and floppy. The lungs may become overinflated because the airways collapse when you exhale and trap air in the air sacs. Over time, the air sac loses its clustered shape and blood vessels are damaged. This may cause less oxygen to the body.

Chronic Bronchitis or Chronic Asthma

The walls of the airways become inflamed (*swollen*). The muscles around the bronchial tubes constrict (*tighten*) and mucus may clog the airway. This makes it hard to move air in and out of the lungs and hard to breathe. You may also have wheezing and feel tired.



Smoking Cessation

Getting Ready To Quit

- Pick a quit date, circle it on your calendar and leave reminder notes on your refrigerator, near your phone, in your car, etc. As you get close to your quit date, smoke less each day.
- Get rid of tobacco items in your home, such as ashtrays, lighters, extra packs of cigarettes, and e-cigarette devices.
- Clean your home & car so the smell of cigarettes won't tempt you once you quit.
- Make a list of the reasons you want to quit and keep the list handy for when you feel a craving.
- Tell your family & friends that you're going to quit. Ask them not to smoke in front of you.
- Think about the places you smoke or vape. Try to void them once you quit, to help keep you from being tempted.



Do You Want To Be Tobacco-Free? Find the solution that's right for you.

Phone Support:

802 Quits.org – 1-800-784-8669

Freedom From Smoking® –
1-800-548-8252, Option 1

Website & Text Support

Smokefree.gov –
Text QUIT to 47848

Truthinitiative.org –
Text “DITCHJUUL” to 88709.

Becomeanex.org

Virtual Groups

802Quits.org – Our local Vermont Quit Partners offer FREE, virtual, small-group workshops across the state. Your workshop leaders and fellow participants will guide and support you to create an action plan to become tobacco free and stay motivated for the long run. They also offers FREE patches, gum and lozenges

What Happens After Your Last Cigarette?

20 Minutes

Blood pressure drops
Temperature in your hands and feet improves

8 Hours

Carbon monoxide level drops to normal
Oxygen level returns to normal

24 Hours

Risk of heart attack decreases

2 Weeks to 3 Months

Circulation improves
Lung ability increases as much as 30%
Walking is easier

1-9 Months

Coughing, sinus congestion & shortness of breath decreases
Energy levels improve

1 Year

Your chance of having a heart attack is cut in half

5 Years

Death rate because of lung cancer decreases to about 50%
for the average one-pack-a-day smoker

10 Years

Death rate from lung cancer becomes almost equal to that of
non-smokers. Risk of other cancers decreases

15 Years

Your risk of coronary heart disease is that of a non-smoker



How to Use a Multi Dose Inhaler:

It is important to read the medication instructions that come with your inhaler. In general, prior to first use or if you have not used your inhaler in 14 days you will have to “prime” the inhaler. Priming the inhaler means getting the medication ready for use; this is done by shaking and releasing multiple test sprays.

1. Prior to each use shake the inhaler well
2. While pressing down on the top of the canister take a deep breath
3. Try to hold your breath for 10 seconds or for as long as you can
4. If your dose is more than one puff you should wait at least one minute between puffs
5. Store the inhaler at room temperature, protected from light and moisture

How to Use a Multi Dose Inhaler With Spacer:

If your provider instructed you to use a spacer, a spacer will help slow the medication down so it is easier to get into your lungs

1. Follow proper instruction as listed
2. After shaking inhaler, and priming if needed, put inhaler into spacer and breath out away from spacer
3. Put the end of spacer into your mouth between teeth and close lips around spacer
4. Press down on inhaler to release spray and breathe in slow and deep. Try to hold your breath for 10 seconds or as long as you comfortably can, breath out slowly through mouth
5. Wait one minute and repeat process if second puff is required
6. Follow instructions provided for proper cleaning

Watch a Video On How To Properly Use Your Inhaler



Watch a Video On How To Clean Your Inhaler



How to Use Nebulizer Solution:

1. With clean hands, take the albuterol ampule (dose vial) and pour it into the medicine cup
2. Attach the top piece (lid) to the medicine cup, and then attach the mouthpiece or mask
3. Connect the tubing from the medicine cup to the compressor
4. Put the mask over your face; or put the mouthpiece into your mouth between your teeth and close your lips tightly around it
5. Turn on your compressor
6. Hold the nebulizer in an upright position to prevent spilling and to ensure the medication is evenly nebulized
7. Take normal regular deep breaths in through your mouth to ensure the medication gets deep into your lungs
8. Continue until all medication is gone (5 to 15 minutes)
9. For more demonstration videos and information on cleaning and caring for your nebulizer, visit the American Lung Association's website at lung.org/nebulizer or review the medication handout. It is also important to follow proper cleaning instructions, as nebulizers may spread the virus.



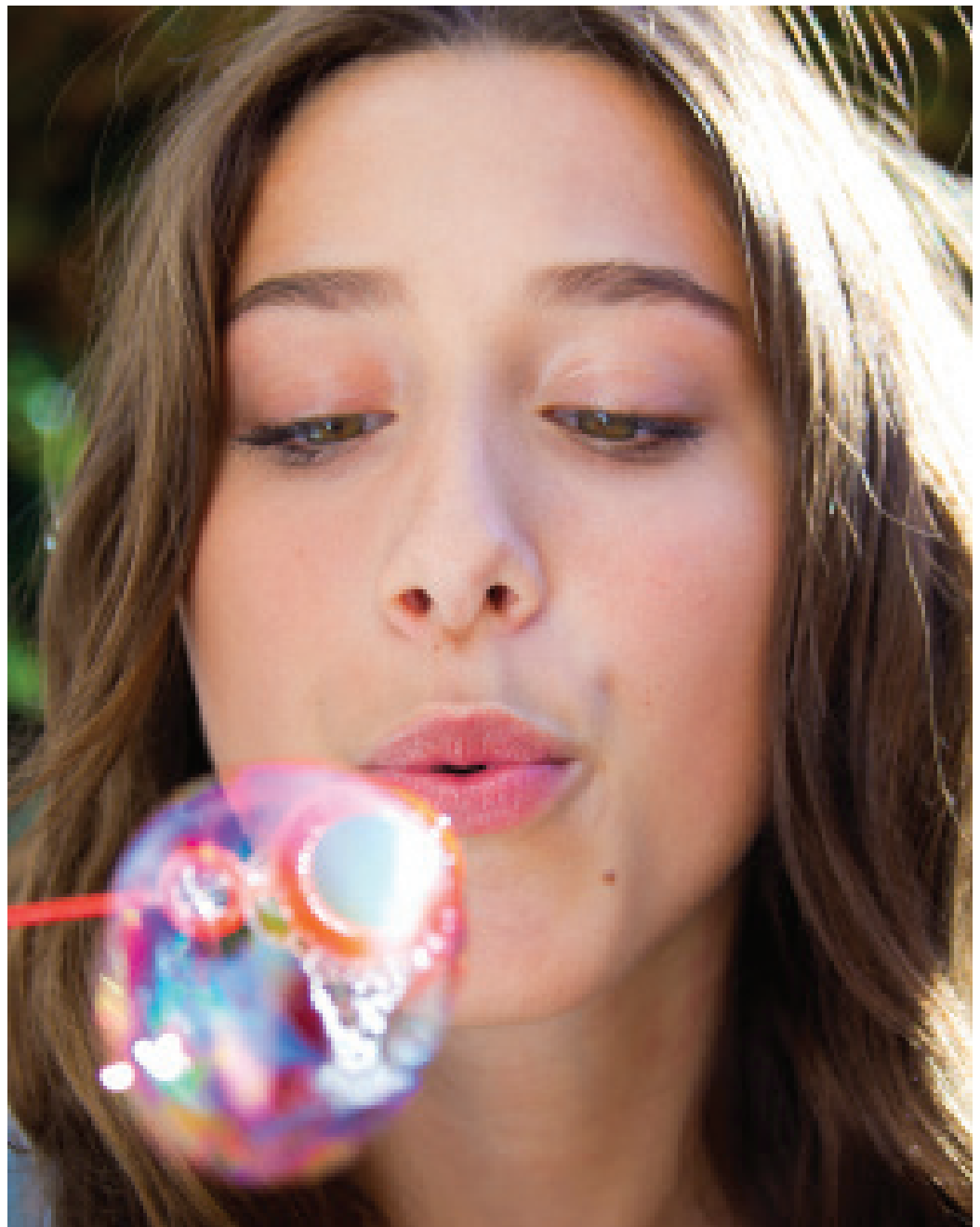
How to Do Pursed Lip Breathing

Learning Pursed Lip Breathing can decrease the work of inhaling and exhaling. It can lessen shortness of breath during exercise and other daily activities. Pursed Lip Breathing can help you regain control when you get short of breath. Try to practice this several times a day. Over time, it will feel natural.

1. Relax your neck and shoulder muscles. Inhale slowly through your nose for at least a count of 2.
2. Put your lips together as if you were to blow out a candle. Blow out slowly and gently for at least twice as long as you inhaled.

TIPS:

Try blowing bubbles. Get a bottle of kids' bubbles that comes with a wand. Follow the steps above and aim for one large bubble that hangs on the wand. If you have lots of small bubbles, you are breathing too fast.



The Anxiety-Breathlessness Cycle

How to Break the Cycle

- Stay active – go at your own pace
- Do things you enjoy
- Express your feelings
- Learn to relax



Relaxation Techniques

Deep Breathing

- Put one hand on your abdomen.
- Breathe in deeply.
- Feel your abdomen inflate.
 - ▶ Push your abdomen out as much as possible as you inhale.
 - ▶ This will help your lungs fill up with air.
- Exhale through your mouth while keeping your lips pursed.
- Feel your abdomen return to its normal size.

Progressive Muscle Relaxation

- Start with your feet and go up to your head.
- Relax your muscles.
- Keep your eyes closed
 - ▶ Inhale and exhale using pursed-lip

Positive Thinking

- Get comfortable, close your eyes, breathe deeply and regularly.
- Let your mind wander
 - ▶ Imagine yourself going somewhere pleasant, like a beautiful beach
- Use all of your senses to imagine - touch, smell, taste, hear, and see.
- Say the word “calm” every time you breathe out.

Visualization

- Picture an image that makes you feel happy, confident or relaxed.
- Concentrate on the image.
- Focus on your breathing or visualize a task in advance

Music

- Can help you relax

Humor

- Can reduce tension and help you discuss sensitive issues

Pulmonary Rehabilitation – An Individualized Supervised Program for You

Pulmonary Rehabilitation Benefits

Pulmonary Rehabilitation helps you to improve your quality of life. Although Pulmonary Rehabilitation (*PR*) can't cure your lung disease, it can be of great benefit and you may notice improved breathing effort and less breathing problems.

Other benefits include:

- Decreased symptoms of your disease or condition
- Ability to function better in your daily life
- Increased ability to exercise
- Decreased symptoms and better management of anxiety and depression

What is Pulmonary Rehabilitation?

Pulmonary Rehabilitation is a service that is designed for those who experience lung problems such as:

- Chronic Obstructive Pulmonary Disease (*COPD*)
- Emphysema
- Chronic Bronchitis
- Bronchiectasis
- Sarcoidosis
- Pulmonary Hypertension
- Pulmonary Fibrosis
- Interstitial lung disease
- Lung cancer and lung cancer surgery
- Lung volume reduction surgery before and after lung transplantation

Pulmonary Rehabilitation includes exercise classes and education about your lung disease or condition. *PR* may help you participate in activities with less shortness of breath, as well as teach you how to “live” better with your lung condition.

Additional education includes:

- Reduce and control breathing difficulties and other symptoms.
- Learn about your disease, treatment options, and chronic disease coping strategies.
- Learn to manage your disease and reduce dependence on costly medical resources.
- Maintain healthy behaviors such as smoking cessation, good nutrition, and exercise.

Tip #4

If you smoke, quit. See page 8 of this book for Vermont Quit Partners.

Pulmonary Rehabilitation Offers

Educational Programs

The education classes focus on COPD as well as other chronic lung diseases to provide you with information about:

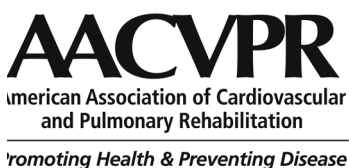
- Medications, including drug action, side effects, using an inhaler, and self-care techniques
- Understanding and using oxygen therapy
- Diet, nutrition, and weight management
- Breathing retraining
- Importance of exercise
- Strategies for managing breathing problems
- Symptom assessment and knowledge about when to seek medical treatment

Monitored and Supervised Exercise

A physical activity plan is tailored to your needs. Exercise will help improve your endurance and muscle strength, so you're better able to carry out daily activities.

Psychosocial Support

People who have chronic lung diseases are more prone to depression, anxiety, and other emotional problems. Many PR programs offer counseling or support groups. If your program doesn't, your PR team can refer you to such services.



This information is prepared and presented as a service to you from the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR). To find the nearest Pulmonary Rehabilitation Program go to www.AACVPR.org

Tip #5

**Eat small healthy meals. Avoid fats and avoid processed or salty foods.
Limit or avoid foods that cause gas. Gas makes the stomach swell
and press on the diaphragm making it harder to breathe
Drink 6 to 8 glasses of fluid a day.**

If you're overweight...this can increase shortness of breath. Try to stay at a healthy weight.
If you're underweight...this can decrease energy. It makes it harder to be active and makes you more prone to infection.

Palliative Care?

Palliative care is a specialized type of care for anyone living with a serious or chronic illness. The main purpose of Palliative Care is to improve quality of life and help relieve pain and other symptoms. It can be especially helpful for people with long-term illnesses like COPD or heart failure when their illness is affecting how they function day-to-day.

People of any age and at any stage of illness can receive Palliative Care, and they can have it even while they are still getting curative treatment.

Palliative Care can help with :

- Addressing pain, shortness of breath, nausea, constipation, cough, or other physical symptoms
- Providing support with emotional distress and coping with changes
- Providing information about what to expect from your illness in the future
- Planning for the future with advance directives and information about services and resources that might be available
- Supporting patients and their families as they make decisions about care that is right for them

Palliative Care services are available to patients who are hospitalized at Rutland Regional Medical Center. Patients who are not in the hospital may also receive Palliative services at home through the VNAHSR and Bayada.

Ask your doctor for a referral to palliative care, or call the RRMCC Palliative team with questions.



What is Lung Cancer Screening and Why Might I Need to Be Screened?

In the U.S., lung cancer is the second most common cancer – and the leading cause of cancer death. Research from the U.S. National Institute of Health and the National Cancer Institute shows that – when diagnosed at Stage 1 – the 5-year survival rate increases from 17% to 60%.

Who Should Be Screened for Lung Cancer?

If you smoke or used to smoke, you are at higher risk for lung cancer. To be screened for lung cancer, you'll need a referral from your primary care provider. You will also need to meet certain requirements to qualify for screening:

- You're between 50 and 80 years old
- You have no symptoms of lung cancer
- You are a current smoker or have quit in the last 15 years
- You have a 20 pack/year smoking history*
- You're willing to undergo possible lung cancer treatment (including surgery)

** A pack-year is used to describe how many cigarettes you have smoked in your lifetime, with a pack equal to 20 cigarettes. If you have smoked a pack a day for the last 20 years, or two packs a day for the last 10 years, you have a 20 pack history.*

If your doctor recommends a lung cancer screening for you, it doesn't mean that they think you have cancer. Cancer screenings are only done when you are symptom-free.

How is Testing Done for Lung Cancer?

Testing can be done at Rutland Regional Medical Center. The Lung Cancer Screening Center provides low-dose CT (computed tomography) scanning to test for lung cancer. During the CT scan, you will lie on a table while an X-ray machine uses a small amount (low dose) of radiation to take pictures of your lungs. The test only takes a few minutes and does not hurt.

For those at high risk for lung cancer, yearly CT scans may be used to find cancer before symptoms start and is much more treatable.

Tip #6

Take your medications as directed. If you have a question about how to take your medication call your healthcare provider.

Resources on COPD and Related Information

The following are just a few of the online sites that contain good, accurate information:

<http://www.RRMC.org>

This is Rutland Regional Medical Center's website for coordinated information resources from wellness and prevention to information about programs and services. You can take health assessments and quizzes on a variety of topics, sign up for a Community Education class or receive a free monthly e-health newsletter.

www.lung.org

American Lung Association®
1301 Pennsylvania Avenue NW,
Suite 800
Washington, DC 20004
800.LUNGUSA (800.586.4872)

www.copdfoundation.org

COPD Foundation
info@copdfoundation.org
1.866.316.COPD (2673)

Tip #7

Exercise daily – Pace yourself. Take breaks when needed. Stay active!

Though you may be tempted to limit physical activities for fear of becoming short of breath, exercise is an important management tool for COPD. Regular exercise can help improve your lungs and heart, strengthen your muscles, and help you breathe easier. Starting slow is important. Before you begin, talk to your doctor about what kinds of activities are safe for you. Your doctor may refer you to a Pulmonary Rehabilitation program. Some techniques that can help make exercise more comfortable include focusing on breathing slowly, pursing your lips while breathing, and avoiding holding your breath while exercising.

Tip #8

Talk to your family and friends about how COPD makes you feel. Let your provider know if you are feeling sad, blue, moody or overly stressed.

Reduce anxiety: Stress and anxiety can make you feel short of breath and worsen your symptoms. The feeling of having shortness of breath can then lead to more anxiety and fear, causing you to breathe even faster. To help reduce anxiety, your doctor may recommend medication or psychotherapy. To manage stress and anxiety on your own, try practicing breathing exercises, reducing stressors that may trigger symptoms, and changing your thought patterns.



RCC

Rutland Community Collaborative

**If you have difficulty paying for your medications,
please talk with your provider about resources to help.**

Resources:

- Lung Association®: 1-800-LUNG-USA
www.lung.org
- CDC: 800-232-4636
www.cdc.gov/copd
- Vermont Department of Health: 800-464-4343
www.healthvermont.gov
- Rutland Mental Health Crisis Line: 802-775-1000
www.rmhsccn.org
- 988 Suicide & Crisis Lifeline: 988
988lifeline.org
- VT Helplink: 802.565.LINK
www.vthelplink.org