



LIVING WITH COPD



DOING WHAT'S BEST.®



Dear Patient,

You are one of the millions of people living with Chronic Obstructive Pulmonary Disease (COPD). Our goal is to help you manage your COPD so you can live life to the fullest. This book will help you track how you are doing, know when and how to take your medications, when to call your doctor and when to get emergency care.

If you have any questions or concerns regarding your health, our COPD Navigator and/or Clinical Outcomes Coordinator can assist you. As an additional resource, you can be reassured that you have their support in achieving your optimal health.

<p style="text-align: center;">COPD Navigator 810-989-3591</p> <p>Please leave a message & you will be contacted as soon as possible.</p>	<p style="text-align: center;">Clinical Outcomes Coordinator 810-989-3581</p> <p>Hours: Monday-Friday, 7 a.m.-3:30 p.m.</p>
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Important Information

Primary Care Physician: _____

Phone: _____

Pulmonologist: _____

Phone: _____

Emergency number: _____

Pharmacy: _____

Phone: _____

My current medications: _____





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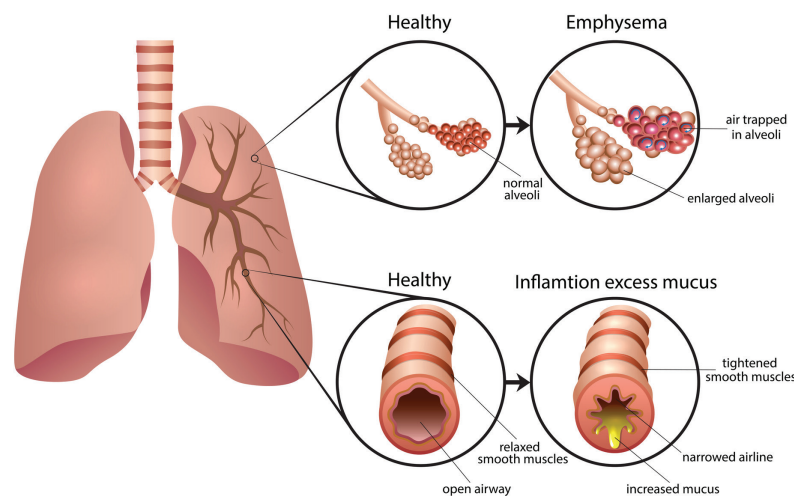
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**This information is accurate at the time of printing. Because information always changes, it is important to have regular medical care visits and follow your doctor's advice.*



What Is COPD?

Chronic Obstructive Pulmonary Disease, or COPD, is the term used for a group of lung diseases like emphysema and chronic bronchitis. When you have COPD, the airways in your lungs are blocked (obstructed), making it hard to breathe. There is no cure for COPD but you can take steps to stop it from getting worse and feel better.



Causes of COPD

Many people get COPD from smoking, Cigarette smoke causes lung damage, which can become COPD over many years. Secondhand smoke is also bad for your lungs. Breathing chemical fumes and exposure to dust or air pollution over a long period of time can also put you at risk for COPD.

Symptoms of COPD

COPD makes you work harder to breathe. Air may get trapped in your lungs, which stops them from filling completely. Your lungs may get bigger over time. You may have some of the following symptoms:

- A cough that will not go away
- Mucus that comes up when you cough
- Shortness of breath that gets worse with activity
- Difficult or labored breathing
- Wheezing
- You may lose weight
- You may feel weak or tired

How do I know if I have COPD?

COPD is diagnosed with pulmonary function tests (PFT), sometimes called lung function tests. The test is done by your doctor or health care team. You will take in a deep breath and blow all of the air out of your lungs into a mouthpiece connected to a machine. The test measures how much air your lungs hold, how quickly your lungs can move air in and out, and how well your lungs work.



COPD Timeline: Where are you?

A PFT can determine the severity of your COPD through your FVC number and FEV1 number. The FVC number measures the amount of air you exhale in an entire breath. The FEV1 number measures the amount of air you exhale in the first second of the test. This number determines how severe your COPD is.

Severity of COPD		
Stage	Symptoms	PFT Results
Stage 1: Mild	<ul style="list-style-type: none">▪ A little hard to breathe▪ Some mucus▪ Cough	FEV1 is 80% or more of normal
Stage 2: Moderate	<ul style="list-style-type: none">▪ More coughing▪ Wheezing▪ Harder to breathe	FEV1 is between 50% and 80% of normal
Stage 3: Severe	<ul style="list-style-type: none">▪ Very hard to breathe▪ Hard to do things you like to do▪ Lots of wheezing and coughing	FEV1 is between 30% and 50% of normal
Stage 4: Very Severe (also called End Stage)	<ul style="list-style-type: none">▪ Very hard to breathe, even at rest▪ Frequent complications, such as chest infections	FEV1 is less than 30% of normal

YOU ARE IN STAGE _____

COPD Self-Check: Triggers

This self-check tool will help you define how COPD affects you individually so you can be your own leader in managing your condition.

<p>My Triggers: Actions or substances that cause your COPD to worsen or flare up.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tobacco/secondhand smoke <input type="checkbox"/> Vaping *Check all that apply <input type="checkbox"/> Chemical fumes <input type="checkbox"/> Dust <input type="checkbox"/> Pet dander <input type="checkbox"/> Strong odors/inhaled scents <input type="checkbox"/> Pollution <input type="checkbox"/> Hot weather <input type="checkbox"/> Cold weather <input type="checkbox"/> Illness <p>Others: _____</p> <p>_____</p> <p>_____</p>	<p>My Triggers cause: *Check all that apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Wheezing <input type="checkbox"/> Coughing <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Fever <input type="checkbox"/> Change in color/consistency/amount of mucus <input type="checkbox"/> Chest tightness <input type="checkbox"/> Fatigue/limitation of activities <input type="checkbox"/> Increased use of meds <input type="checkbox"/> Swelling in feet, legs or ankles <input type="checkbox"/> Blueness of lips or fingernails <input type="checkbox"/> Problems with sleep <input type="checkbox"/> Anxiety <p>Others: _____</p> <p>_____</p> <p>_____</p>
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Pay attention to your body and learn/know your own “normal” or baseline. Recognizing early symptoms of a flare-up means you can help decrease its severity and potentially avoid an admission to the hospital.

<p>Things that keep my COPD controlled: *Check all that apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Breathing exercises <input type="checkbox"/> Rescue and maintenance inhalers <input type="checkbox"/> Oxygen <input type="checkbox"/> Cpap/bipap <input type="checkbox"/> Flu/pneumo vaccines as recommended <input type="checkbox"/> Frequent handwashing <input type="checkbox"/> Symptom diary <input type="checkbox"/> Pulmonary rehab <input type="checkbox"/> Cover mouth or nose when outside <input type="checkbox"/> Use of incentive spirometer/flow meter <input type="checkbox"/> Monitor baseline lung function <input type="checkbox"/> Pulse oximeter to monitor oxygen levels <p>Others: _____</p> <p>_____</p> <p>_____</p>	<p>When I have a flare, I follow these steps: *Check all that apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Call primary care physician <input type="checkbox"/> Call pulmonologist <input type="checkbox"/> Call for rescue RX - antibiotic/steroids <input type="checkbox"/> Use nebulizer <input type="checkbox"/> Use rescue inhaler <input type="checkbox"/> Apply oxygen <input type="checkbox"/> Start emergency kit <p>**Take your action plan to your physician review and discussion of flare up steps to follow.</p> <p>Others: _____</p> <p>_____</p> <p>_____</p>
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Primary Care Physician: _____ **Phone:** _____

Pulmonologist: _____ **Phone:** _____

COPD Care Plan



Take care of yourself:

- Notice your cough, breathing and sputum production
- Take your medicine and inhalers as prescribed, remember to rinse appropriately
- Use oxygen as prescribed
- Eat a healthy diet
- Balance activity and rest periods
- If you smoke, quit
- Get all necessary immunizations



Your symptoms are under control. You have/are:

- No shortness of breath
- No increased wheezing or cough
- No increase in sputum
- No chest pain
- Sleeping well at night

Take action today!



Notify your health care provider of these warning signs:

- Increased wheezing, shortness of breath or cough even after use of rescue inhaler
- Increased sputum with change in color or consistency
- Poor sleep due to symptoms waking you
- Chest tightness or feeling like a "chest cold"
- Fever of 100.0 F or greater
- It is harder for you to breathe lying down. You are needing to sleep sitting up in a chair.
- Decrease in appetite

Take action now!



Go to the emergency room or call 911 if you have any of the following:

- Struggling to breathe or shortness of breath even while sitting still
- Not able to do any activities or sleep because of breathing
- Pulse ox 88% or lower
- Coughing up blood
- Bluish color to your lips or fingernails
- Chest pain
- Confusion or can't think clearly and the symptoms listed above

Who to call and when?

Primary Care Physician: _____ Phone: _____

Pulmonologist: _____ Phone: _____

Nurse Navigator: _____ Phone: _____

If you have an urgent medical need when the office is closed, call the after-hours phone: _____

Medicine

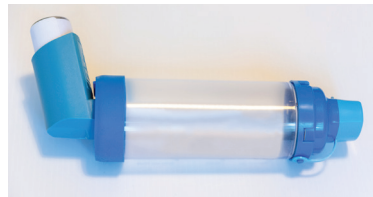
Inhalers or nebulizers are **very** important to manage COPD. Using your inhaler or nebulizer correctly can slow down the progress of the disease. Your doctor will work with you to decide what type of inhaler or nebulizer might be right for you.

The importance of using your inhaler or nebulizer

- **Make sure to take your medicine even when you don't have symptoms.**
- It can be tough to use your inhaler or nebulizer the right way. Your doctor, pharmacist or health care team can help you with the right technique.
- Spacers can be used with the inhaler or nebulizer to get more medicine to your lungs. Not all inhalers work with a spacer. Ask your doctor if a spacer is right for you.
- Visit the manufacturer's website to learn more about your inhaler or nebulizer.
- Medicine for COPD can be expensive. If you are having trouble affording your medicine, talk with your doctor or pharmacist.



Two different inhalers



Inhaler with a spacer



Nebulizer

	Rescue inhaler	Control inhaler
	Quick acting bronchodilators	Long acting bronchodilators
When should I use it?	Use when you have a flare up (called an exacerbation) where you have a hard time breathing.	Use every day to help prevent exacerbations.
How does it work?	Relaxes the muscles lining the airways that carry air to the lungs. This helps increase airflow.	Helps to reduce inflammation in the linings of the lungs.
Examples	Albuterol (Proventil, Ventolin) Levalbuterol (Xopenex)	Tiotropium (Spiriva) Fluticasone - Salmeterol (Advair Diskus) Umeclidinium (Incruse Ellipta) Indacaterol (Arcapta Neohaler) <u>Corticosteroids:</u> Fluticasone (Flovent inhaler) Budesonide (Pulmicort - inhaler/nebulizer) Prednisolone (pill, liquid, shot)

Respiratory Inhalers

At a Glance 2017

Allergy & Asthma Network is a national nonprofit organization dedicated to ending needless death and suffering due to asthma, allergies and related conditions through outreach, education, advocacy and research.

Learn More at



AllergyAsthmaNetwork.org
800.878.4403

Short-acting beta₂-agonist bronchodilators

relax tight muscles in airways and offer quick relief of symptoms such as coughing, wheezing and shortness of breath for 3-6 hours

- ProAir[®] HFA** albuterol sulfate inhalation powder 123 A
- ProAir[®] RespiClick** albuterol sulfate inhalation powder 123 A
- Proventi[®] HFA** albuterol sulfate 123 A
- Ventolin[®] HFA** albuterol sulfate 123 A
- Xopenex HFA[®]** levalbuterol tartrate A
- Arcapta[™] Neohaler[™]** indacaterol inhalation powder C
- Serevent[®] Diskus[®]** salmeterol xinafoate inhalation powder 123 A C
- Striverdi[®] Respimat[®]** olodaterol hydrochloride 123 C

Inhaled corticosteroids

reduce and prevent swelling of airway tissues; they do not relieve sudden symptoms of coughing, wheezing or shortness of breath

- Aerospan[®]** 80 mcg flunisolide ★ A
- Alvesco[®] HFA** 80 mcg, 160 mcg ciclesonide 123 A
- Arnuity[®] Ellipta[®]** 100 mcg, 200 mcg fluticasone furoate inhalation powder 123 A
- Asmanex[®] HFA** mometasone furoate 123 A
- Asmanex[®] Twisthaler[®]** 110 mcg, 220 mcg mometasone furoate inhalation powder 123 A
- Flovent[®] Diskus[®]** 50 mcg, 100 mcg, 250 mcg fluticasone propionate inhalation powder 123 A
- Flovent[®] HFA** 44 mcg, 110 mcg, 220 mcg fluticasone propionate 123 A
- Pulmicort[®] Flexhaler[®]** 90 mcg, 180 mcg budesonide inhalation powder 123 A
- QVAR[®] (HFA)** 40 mcg, 80 mcg beclomethasone dipropionate 123 A

Combination medications

contain both inhaled corticosteroid and long-acting beta₂-agonist (LABA)

- Advair[®] Diskus[®]** 100/50, 250/50, 500/50 fluticasone propionate and salmeterol inhalation powder 123 A C
- Advair[®] HFA** 45/21, 115/21, 230/21 fluticasone propionate and salmeterol xinafoate 123 A
- Breo[®] Ellipta[®]** 100/25 mcg, 200/25 mcg fluticasone furoate and vilanterol inhalation powder 123 A C
- Dulera[®]** 100/5, 200/5 mometasone furoate and formoterol fumarate dihydrate 123 A
- Symbicort[®] (HFA)** 80/4.5, 160/4.5 budesonide and formoterol fumarate dihydrate 123 A C
- Anoro[®] Ellipta[®]** 62.5 mcg/25 mcg umecidinium and vilanterol inhalation powder 123 C
- Beverpi Aerosphere[®]** 9 mcg/4.8 mcg formoterol fumarate and glycopyrrolate inhalation aerosol 123 C
- Stiolto[™] Respimat[®]** 2.5 mcg/2.5 mcg tiotropium bromide and olodaterol 123 C
- Utibron[™] Neohaler[®]** 27.5 mcg/15.6 mcg indacaterol and glycopyrrolate inhalation powder C

Muscarinic antagonist (anticholinergic) bronchodilators

relieve cough, sputum production, wheeze and chest tightness associated with chronic lung diseases

- Atrovent[®] HFA** ipratropium bromide 123 C
- Seebri[™] Neohaler[®]** glycopyrrolate inhalation powder C
- Incruse[®] Ellipta[®]** umecidinium inhalation powder 123 C
- Spiriva[®] HandiHaler[®]** tiotropium bromide inhalation powder C
- Spiriva[®] Respimat[®]** tiotropium bromide 123 A C
- Tudorza[™] Pressair[®]** aclidinium bromide inhalation powder 123 C

Long-acting beta₂-agonist bronchodilators

relax tight muscles in airways and offer lasting relief of symptoms such as coughing, wheezing and shortness of breath for at least 12 hours

- Atrovent[®] HFA** ipratropium bromide 123 C
- Combination** muscarinic antagonist and beta₂-agonist Short-acting
 - Combivent[®] Respimat[®]** ipratropium bromide and albuterol 123 C

123 = DOSE INDICATOR A = ASTHMA C = COPD ★ = BUILT-IN SPACER

My COPD Meds

Quick acting bronchodilators: (Rescue inhaler/nebulizer)

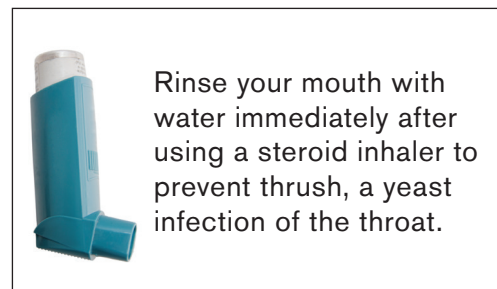
albuterol (proair, Ventolin)
levalbuterol (Xopenex)
ipratropium (Atrovent)
albuterol/ipratropium (combivent Respimat)

Long acting brocholdilators: (inhalers/nebulizers)

aclidinum (Tudorza)
arformoterol (Brovana)
formoterol (Foradil, Perforomist)
glycopyroolate (Seebri Neohaler, Lonhala Magnair)
indacaterol (Arcapta)
olodaterol (Striverdi Respimat)
revefenacin (Yupelri)
salmeterol (serevent)
tiotropium (Spiriva)
umeclidinium (Incruse Ellipta)

Corticosteroids:

fluticasone (Flovent inhaler)
budesonide (Pulmicort - inhaler/nebulizer)
Prednisolone (pill, liquid, shot)



Methylxanthines: anti-inflammatory drug that relaxes muscles in the airways

theophylline (pill or liquid)

Combo - 2 long acting bronchodilators:

aclidinium/formoterol (Duaklir)
glycopyrrolate/formoterol (Bevespi Aeorsphere)
tiotropium/olodaterol (Stiolto Respimat)
umeclidinium/vilanterol (Anoro Ellipta)

Combo - corticosteroid and a long acting bronchodilator:

budesonide/formoterol (Symbicort)
fluticasone/salmeterol (Advair)
fluticasone/vilanterol (Breo Ellipta)

Triple Therapy: an inhaled corticosteroid and 2 long acting bronchodilators:

fluticasone/vilanterol/umeclidinium (Trelegy Ellipta)

Antibiotics: Your doctor may prescribe one when you have an infection. Complete the entire course so the infection doesn't come back or become resistant to the antibiotic.

How to manage COPD

Your COPD management plan will likely include more than one type of treatment. These treatments are based on your symptoms and the cause of your COPD. Your doctor and care team will work with you to figure out the best plan for your needs.

Keep yourself healthy with COPD

- **Quit smoking.** This is the best way to keep COPD from getting worse. Quitting now will help no matter what shape your lungs are in.
- **Stay away from second hand smoke.** Make a rule that no one can smoke inside your home.
- **Wash your hands** to help stop the spread of germs and prevent infection.
- Get a **flu vaccination** every year.
- **Exercise.** Staying active will help improve energy levels and strengthen your muscles so you can do more.



Breathing exercises

Breathing can be hard when you have COPD. Learning new ways to control your breathing may help you feel better.

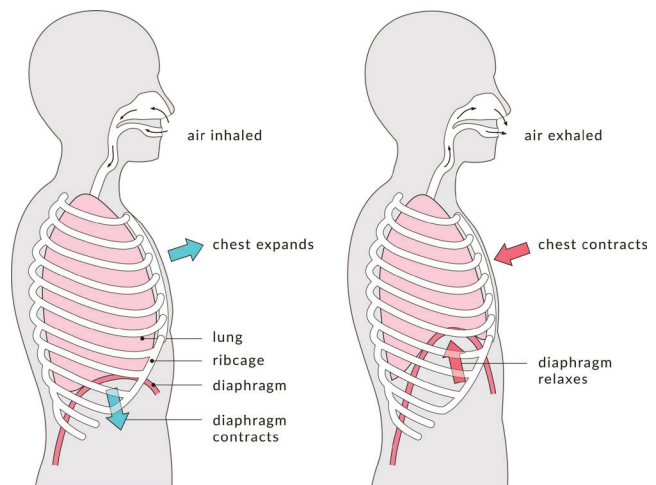
Pursed-lip breathing can help decrease shortness of breath and help you be able to exercise.

1. Sit or stand comfortably.
2. Breathe in through your nose for 2 seconds.
3. Breathe out through your mouth while almost closing (purse) your lips. Do this for 4-6 seconds.
4. Repeat at least 3-4 times a day.



Diaphragm breathing can help your lungs expand to take in more air.

1. Lie on your back or prop yourself up with several pillows.
2. Put one hand on your belly and one hand on your chest.
3. Take a deep breath in. When you breathe in, try to push out your belly as far as you can. You should feel the hand on your belly move out.
4. Breathe out. When you breathe out, you should feel the hand on your belly move in.
5. Repeat 2-3 times a day.



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Once you are able to do this breathing laying down, practice doing it sitting and standing.

Tips to stop smoking

You will improve your health and the health of others around you if you stop smoking. Your risk for heart and lung disease, cancer, stroke, heart attack and vision problems also decrease. You can benefit from quitting no matter how long you have smoked. Within 20 minutes of smoking that last cigarette, your body begins a series of positive health changes that continue for years.



Preparing to quit smoking increases your chances for success. Quitting is hard, but having a plan can make it easier. The following steps can help you create a plan that works for you.

Pick a quit date. Choose a date that is within the next 2 weeks. Write it down or circle it on the calendar.

Tell friends and family you are quitting. Quitting smoking is easier when you have support from loved ones. Let them know how they can help you.

Make a list of your reasons for quitting. Keep the list in a place where you see it every day. It can keep you motivated to stay smoke free.

Remove reminders of smoking. Reminders can include cigarettes, matches, lighters and ashtrays. Don't save a pack of cigarettes "just in case." Clean your home, car and other places that smell like smoke. The smell of smoke can trigger a craving.

Identify triggers that make you want to smoke. Triggers can include people, activities and/or feelings. Try writing down your triggers and ways you can deal with or avoid them.

Quitting smoking is hardest during the first few weeks. Make sure you have quit smoking support options available at all times. Some resources include:

Michigan Tobacco Quitline: 1-800-QUIT-NOW

Provides education, coaches, plans for quitting, nicotine replacement products for those who qualify, and referrals to local resources that can help you quit using tobacco.

www.smokefree.gov

Free information and assistance to help you quit smoking and stay tobacco-free.

American Cancer Society: www.cancer.org

Provides a guide to help you quit smoking.

American Heart Association: www.heart.org

Information and support to help you quit smoking.

American Lung Association: www.lung.org

Resources to help you determine why you want to quit, and helps you quit for good.





PORT HURON

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