

Chronic Obstructive Pulmonary Disease

How To Help Manage Your Health



Allina Health

Chronic Lung Disease Action Plan

What To Do Every Day:

- ☐ Take your medicines as directed.
- ☐ Stay active and exercise as much as you can.
- ☐ Do not smoke.
- ☐ Make sure no one smokes in your house or around you.
- ☐ Drink water. Follow your doctor's instructions for how much water to drink.

Call Your Clinic if You Have Any of the Following:



- ☐ more coughing, mucus or phlegm than usual



- ☐ more short of breath or wheezing than usual



- ☐ more tired than usual or unable to do your usual activities

- ☐ fever of 100.8 F or higher

- ☐ using your inhalers or nebulizers more than usual

- ☐ lower oxygen saturation than usual

- ☐ people around you say your symptoms have changed

Whom to Call and What to Say

Name:

Number:






Tell the person who answers the phone, "I have chronic lung disease and my symptoms have changed. I need to make an appointment with a doctor today."

Call 911 or Go to the Hospital if You:

- ☐ can't catch your breath at rest
- ☐ have no relief from a rescue inhaler
- ☐ have bluish lips or fingernails
- ☐ have grayish skin
- ☐ have confusion
- ☐ can't wake up easily

How To Breathe Easier

Call 911 if you have sudden problems breathing, have blue lips or if you feel confused.

Breathing	Standing, Climbing	Reaching	Pushing	Lifting
 <ul style="list-style-type: none"> ■ Take extra breaths between tasks if you need to. Return to your breathing patterns as soon as you can. <ul style="list-style-type: none"> — Take several deep breaths before you start any task. — Breathe in (inhale) before each movement. — Do the movement while you breathe out (exhale). — Breathe out twice as long as you breathe in. For example, inhale 2 seconds and exhale 4 seconds. ■ Wear your oxygen as directed. 	 <ul style="list-style-type: none"> ■ How to stand up from a chair: <ul style="list-style-type: none"> — Take a deep breath. — Rise to your feet when you breathe out through pursed lips (like blowing out a candle). ■ How to go up stairs or walk up a hill: <ul style="list-style-type: none"> — Take a deep breath. Do this before you start to climb. — Breathe out through pursed lips and climb two to three stairs or take two to three steps. — Stop and rest while you breathe in with your diaphragm. — Keep climbing in the same way. 	 <ul style="list-style-type: none"> ■ How to reach: <ul style="list-style-type: none"> — Take a deep breath. — Breathe out through pursed lips. Reach up or down. ■ How to shave or comb your hair: <ul style="list-style-type: none"> — Take a deep breath. — Breathe out through pursed lips. Lift your arms and shave or comb 2 or 3 strokes. — Lower your arms and rest while you breathe in (use your diaphragm). — Keep shaving or combing in the same way. ■ Try not to reach over your head or bend down. 	 <ul style="list-style-type: none"> ■ How to push a broom, vacuum cleaner or lawn mower: <ul style="list-style-type: none"> — Take a deep breath. — Push the object out while you breathe out with pursed lips. — Stop and rest while you breathe in (use your diaphragm). — Keep pushing in the same way. 	 <ul style="list-style-type: none"> ■ How to lift: <ul style="list-style-type: none"> — Take a deep breath. — Breathe out through pursed lips, lift the load, and set it down.







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How to Care for COPD

Call 911 if you can't catch your breath, have symptoms for 2 days, have no relief from your rescue inhaler, have bluish lips or fingernails, have grayish skin, have confusion, or you can't wake up easily.

<div> <div>Activity and Prevention</div>  </div>	<div> <div>Medicines</div>  </div>	<div> <div>Do Not Use Tobacco</div>  </div>	<div> <div>Food</div>  </div>	<div> <div>When To Call Your Health Care Provider</div>  </div>
<ul style="list-style-type: none"> ■ Even a small amount of exercise can improve your health. Try to be active 5 to 6 days a week for 30 minutes each day. ■ Walking is good exercise because it is easy. Or you can try an exercise that is low impact. ■ Save your energy. ■ Find easier ways to do things to save energy for the things you enjoy. ■ Try using equipment to save energy. ■ Stay current with vaccines and lung screenings (if recommended). 	<ul style="list-style-type: none"> ■ Know which medicines you are taking: <ul style="list-style-type: none"> ❑ beta-2 agonists: opens your airway quickly ❑ anticholinergics: open your airway quickly and lessens cough ❑ inhaled steroids: reduces swelling ❑ combination medicines: opens your airway and lessens swelling ❑ oxygen: helps you feel better. ■ Take your medicines as directed. 	<ul style="list-style-type: none"> ■ Tobacco, including electronic nicotine delivery systems, is hard on your body. ■ If you need help quitting, talk with your doctor or: <ul style="list-style-type: none"> — Quit Partner <ul style="list-style-type: none"> • 1-800-QUIT-NOW (1-800-784-8669) or quitpartnernm.com — online tobacco cessation support <ul style="list-style-type: none"> • smokefree.gov. ■ Avoid e-cigarettes and other inhalation exposures 	<ul style="list-style-type: none"> ■ Eat healthful foods, such as: <ul style="list-style-type: none"> — lean meats — low-fat dairy — fruits and vegetables — whole wheat breads and cereals. ■ Drink at least 6 to 8 glasses of water a day. ■ Eat 5 or 6 smaller meals during the day. ■ Eat softer foods. 	<p>Call if you:</p> <ul style="list-style-type: none"> ■ have more coughing, sputum or phlegm than usual ■ are more short of breath or have more wheezing than usual ■ are more tired than usual or you can't do your regular activities ■ your temperature is 100.8 F or higher ■ need your rescue inhalers or nebulizers more than usual ■ have lower oxygen saturation than usual ■ can't think clearly.

Chronic Obstructive Pulmonary Disease

How to Help You Manage Your Health

Fourth edition

Developed by Allina Health.

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The publisher believes that information in this manual was accurate at the time the manual was published. However, because of the rapidly changing state of scientific and medical knowledge, some of the facts and recommendations in the manual may be out-of-date by the time you read it. Your health care provider is the best source for current information and medical advice in your particular situation.

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Disclaimer

This publication is for general information only and is not intended to provide specific advice or recommendations for any individual. The information it contains cannot be used to diagnose medical conditions or prescribe treatment. The information provided is designed to support, not replace, the relationship that exists between a patient and his/her existing physician.

For specific information about your health condition, please contact your health care provider.



Your Health Care Team

Name	Phone or MyChart Message
Health Care Provider: _____	_____
Specialist: _____	_____
Specialist: _____	_____
Nurse: _____	_____
Other: _____	_____
Pharmacy: _____	_____
Emergency Contact: _____	_____
Clinic: _____	_____
Eye Doctor: _____	_____
Home Health Nurse: _____	_____

*** Note:** The term “health care provider” can refer to your family doctor, nurse, nurse practitioner, cardiologist, cardiac rehabilitation specialist, or other health care professional you see on a regular basis to manage your chronic obstructive pulmonary disease.

Table of Contents

Your Health Care Team	6
Table of Contents	7
Chapter 1: About COPD	5
To Do List	5
Introduction	6
Chapter 2: Medicines	11
To Do List	11
Medicines	12
Taking COPD Medicines	13
Chapter 3: Other Health Conditions You May Have	18
To Do List	18
Anxiety	18
Depression	22
Breathlessness, Fear, Loss of Control	23
Insomnia	24
Practice Guided Imagery	26
Chapter 4: Lifestyle Changes to Help You Feel Better	28
To Do List	28
Smoking and COPD	29
Get Regular Exercise	36
Save Your Energy	39
Chapter 5: Planning for Your Future Health Care	44
To Do List	44
Health Care Directive	45
Palliative Care and Hospice Care	47
Chapter 6: Worksheets	48
To Do List	48
Home Exercise Program	49-50
Current Medicine List	51-52
Tests and Exams	53
Immunizations	53
Questions for Your Health Care Team	54

Chapter 1: About COPD

To Do List

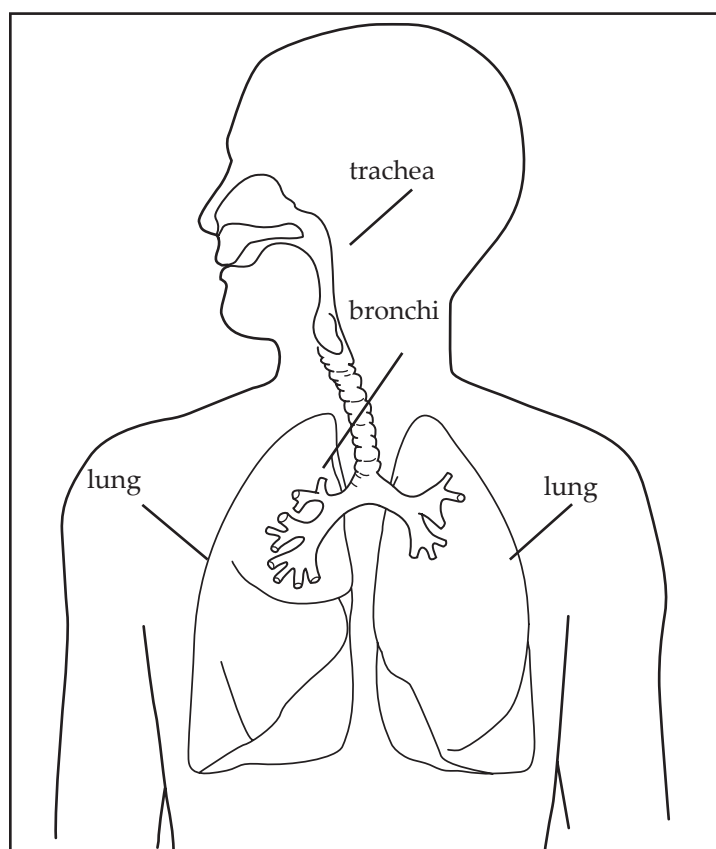
- ☐ Learn all you can about COPD and how to cope.
If you find something online, take the information to your provider. Ask your health care team for good sources.
- ☐ Consider participating in a pulmonary rehabilitation (rehab) program. Talk with your provider to see if this is right for you.
- ☐ Have an emergency plan. Know when to call your provider and when to go to the hospital. (See page 13.) Share your plan with your family members or friends.
- ☐ Join a COPD support group.
- ☐ Ask your provider about a health care directive or advance care planning. (See pages 51-55.) This will help you define your wishes for medical care if you cannot communicate or make my own health care decisions.
- ☐ Learn about future options for your care at allinahealth.org/palliative.
- ☐ Keep all follow-up appointments.
- ☐ Join a COPD support group.
 - COPDFoundation.org
 - Lung.org

Introduction

Chronic obstructive pulmonary disease (COPD) is a lifelong breathing disease. Your airways become more narrow and blocked over time, making it hard to breathe. There is not a cure at this time. COPD usually gets worse with time.

With the information in this book and the guidance of your health care team, you will be able to manage COPD, live a full life and plan for future health care decisions.

How Your Lungs Work

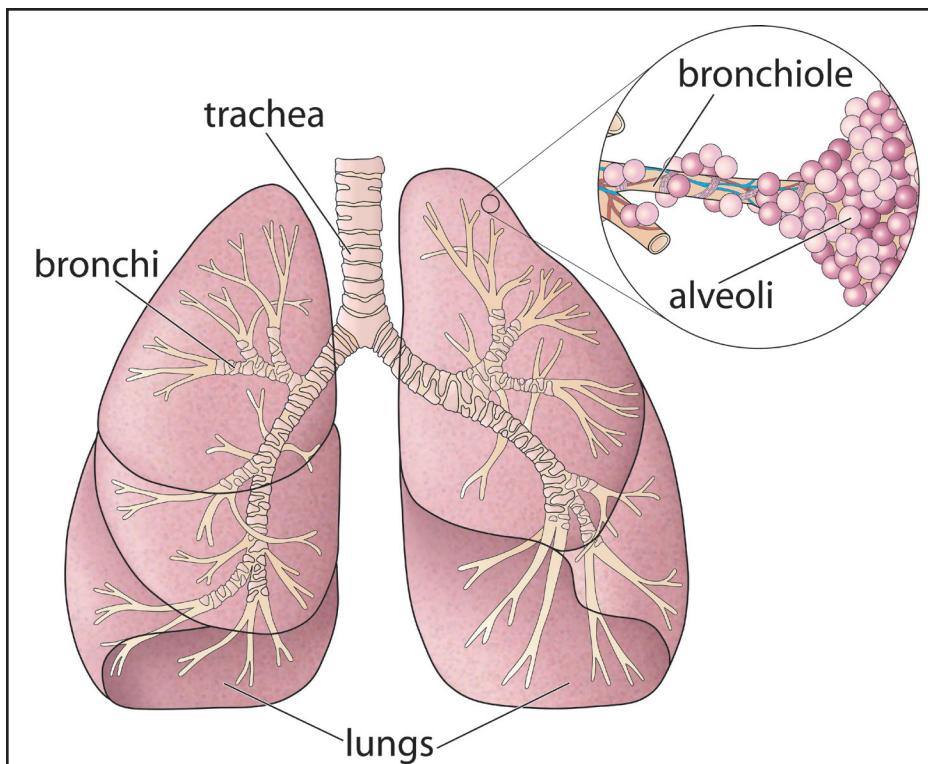


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Your lungs exchange oxygen and carbon dioxide (waste) between the air and your bloodstream. An average adult's lungs hold six liters of air.

Healthy lungs come as a pair. The lungs don't have muscles but they expand (get bigger) and contract (get smaller) as the diaphragm and chest wall muscles move.

- Here's how oxygen travels deep into your lungs and bloodstream.
- As you inhale (breathe in), oxygen (air) enters your body through your nose or mouth.
- The air comes together in the back of your throat. This area is called the pharynx.
- The air then passes through your epiglottis (flap that keeps food and water from going into your larynx when you swallow) into your larynx (voice box).
- Oxygen continues down a tube called the trachea (windpipe). The trachea divides into your right and left bronchus. The lower ends of each bronchi divide and branch, looking like an upside-down tree, in each lung.



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Tiny air sacs (alveoli) are filled with oxygen. The blood vessels around them move the oxygen through your bloodstream. The air sacs return to their original shape after they are stretched with air. COPD keeps them from returning to their original shape and affects the airways. This makes it hard for air to get out of your lungs.

- At the end of the smallest bronchi are millions of tiny hollow air sacs called alveoli. They are very thin and covered with capillaries (small blood vessels).

When you inhale, air rushes into the alveoli. They expand. The blood takes in the oxygen and releases the carbon dioxide.

- Red blood cells carry the oxygen into the bloodstream. The oxygen-rich blood gets pumped throughout your body.
- Carbon dioxide returns to your lungs through your bloodstream. When the carbon dioxide reaches the alveoli, they deflate and you exhale (breathe out) the carbon dioxide.

You use four different sets of muscles when you breathe.

- **diaphragm.** When you breathe in, your diaphragm flattens and increases the size of your chest cavity. This lets your lungs inflate and oxygen comes into the alveoli. The diaphragm is the most important breathing muscle.
- **muscles between your ribs.** They let your lungs expand during heavy activity. These muscles contract and pull your ribs up and out to increase the size of your chest cavity and expand your lungs.
- **abdominal (stomach) muscles.** These muscles are used when you cough, sneeze and breathe out. They push your diaphragm up, causing the alveoli to be squeezed into a small space. This forces the carbon dioxide out of your lungs.

Symptoms of COPD

Symptoms appear slowly and may get worse over many months or years. You may have some or all of the following:

- having mild shortness of breath
 - You may feel short of breath during an activity, such as climbing stairs or walking quickly.
 - Over time, you may become short of breath even when you rest. It is easy to ignore this symptom as being “out of shape.”
- coughing with mucus
 - The mucus (also called sputum) is usually clear.
 - The cough is often worse in the morning.
- wheezing
 - This can sound like a whistling or squeaking sound when you breathe. You may feel a tightness in your chest.
- feeling tired or losing energy
- losing weight
 - As the disease gets worse, you may find that eating makes you feel “too full to breathe comfortably.” You may eat less than you need for strong muscles and energy.
- flare-ups (or “exacerbations”)
 - This usually occurs when COPD is more severe. You may need to be treated in the hospital.
 - Flares usually have a change in the color of the mucus, wheezing may not get better with inhaled treatments, or both.

Did You Know

Spirometry is a breathing test that tells how well your lungs are working.

Blood gases are done to measure the amount of oxygen and carbon dioxide in your blood.

Stages of COPD

COPD is described in different stages based on your symptoms and lung function (how well your lungs work).

Lung function can be determined by tests called spirometry, by blood gases and by your oxygen needs. To learn more about spirometry tests, talk with your provider.

When to call your health care provider

Call your health care provider if you:

- have more coughing, sputum or phlegm than usual
- are more short of breath or wheezing than usual
- are more tired than usual or unable to do normal activities
- have a fever of 100.8 F or higher
- are using your inhalers or nebulizers more than usual

Tip

Spirometry will be done in a clinic with your primary care provider or by your pulmonologist (lung doctor).

- have lower oxygen saturation than usual
- are unable to think clearly.

When to call 911 or go to the hospital

Call 911 or have an adult drive you to a hospital Emergency Department if you:

- are unable to catch your breath
- have the symptoms listed above for 2 days (48 hours)
- have no relief from your rescue inhaler
- have a bluish color to your lips or fingernails
- have a grayish color to your skin
- have confusion or cannot wake up easily.

Do not use more oxygen than is prescribed for you.

Diagnosis and Causes of COPD

To diagnose COPD, health care providers:

- Review your health history and symptoms
- perform pulmonary function tests and imaging tests

There are different leading causes of COPD. These include:

- Cigarette smoking
- Occupational exposure, such as breathing in dust or fumes at work
- Air pollution from outdoor air or cooking and heating indoors.
- Abnormal lung development and genetic factors, such as alpha-1 antitrypsin deficiency
- History of lung infections or asthma.

Types of COPD

COPD is a combination of:

- **chronic (long-term) bronchitis:**
This is inflammation and irritation of your air passages that causes lots of mucus. Over time, this causes narrowing of the air passages in the lungs, which can make it hard to breathe and get air in and out of your lungs.
- **emphysema:**
This results from damage to the small air sacs causing them to become enlarged. They lose their ability to stretch back to normal size. The old air gets trapped in the sacs and it leaves less room for new air. This makes it hard for you to breathe.

Chapter 2: Medicines

To Do List

- ☐ Know your medicines:
 - what do you take?
 - why do you take it?
 - when do you take it?
 - how do you take it?
 - how do you get refills?
- ☐ Bring your inhalers to a follow-up appointment so your provider can see if you are using them properly.
- ☐ Talk with your primary care provider if you are having trouble handling or using your inhalers.
- ☐ Ask your pharmacist or primary care provider if you have any questions about your medicines.
- ☐ Keep a current list of all medicines you take. Include prescription, over-the-counter, vitamins and herbals. (See page 61.)
- ☐ Keep all follow-up appointments.

Medicines

Many medicines for COPD are available. If you have symptoms, consider talking to your health care provider about using one of these medicines.

Medicines may reduce symptoms, help your ability to exercise, reduce the number and severity of “flare-ups,” and improve overall health.

There are two basic kinds of COPD medicines:

- Long-acting medicines (usually taken daily)
- Fast-acting medicines (some are used as “rescue” medicines to treat a flare-up)

Your health care provider will make sure you know which types of medicine you need.

Depending on your condition, you may need to use both types. Different COPD medicines work in different ways. Here are the main types:

- Beta-agonists, available in short- and long-acting versions (inhaled)
- Anticholinergics, available in short- and long-acting versions (inhaled)
- Steroids (inhaled or pill form)
- Phosphodiesterase-4 inhibitors (pill)
- Phosphodiesterase 3 & 4 inhibitor (nebulized)
- Biologic Medication (sub cutaneous injection, or a shot right under the skin)

Additional Therapies

Treatments and therapies for COPD are always changing. Ask your health care provider if these may help you:

- Referral to pulmonary rehabilitation program
- Oxygen therapy
- Referral to a pulmonologist (doctor who specializes in the lungs and airways.)

Taking COPD Medicines

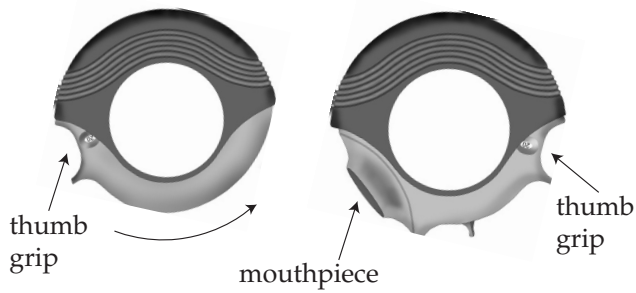
Methods of Inhalation

There are three ways a medicine can be inhaled:

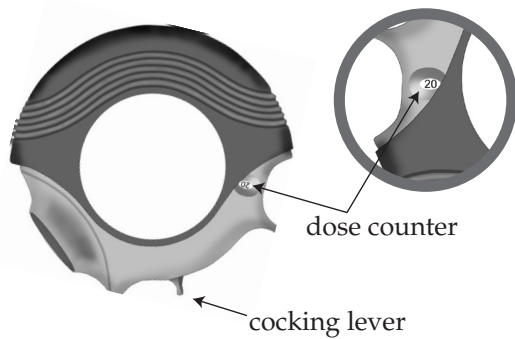
- **Metered-dose inhalers (MDIs):** These consist of a small canister with a mouthpiece. When a spacer is used, it stores the medicine for several seconds to allow you time to breathe in fully. Inhalers differ in design and how they are used. Be sure you receive, read, and follow instructions on how to use your inhaler.
- **Dry-powder inhalers:** These devices deliver medicine as a dry powder, instead of a spray.
- **Nebulizers:** These are electric or battery-powered machines that turn your COPD medication into a mist or spray, which is then inhaled through a mask or mouthpiece. Most units are small enough to be carried in a purse or backpack.

You and your health care provider can discuss which method is best for you based on your symptoms and underlying disease.

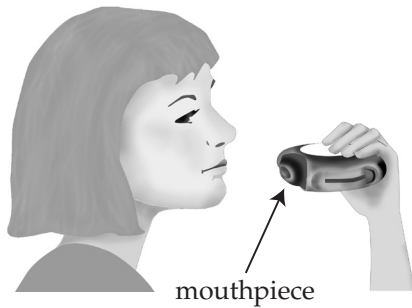
The next few pages will show you how you use different types of COPD medicines.



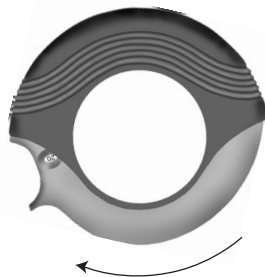
1.



2.



3.



4.

❑ Dry powder diskus

How to use it

- ❑ Hold the diskus in a level position. Rotate the thumb grip as far as it will go.
- ❑ Push the cocking lever forward until it clicks. (The dose counter will back up one dose.)
- ❑ Blow out all of your air but not into the mouthpiece. Place your lips tightly on the mouthpiece and inhale. Hold your breath at the top for 5 to 10 seconds, then exhale slowly.
- ❑ Always close the disk after each use.

Notes

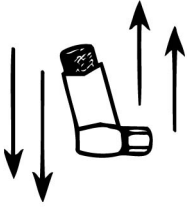
- Do not shake this inhaler.
- Do not play with the lever after it has been cocked.
- Do not blow into the inhaler.
- Do not tip the inhaler upside down after it has been cocked.
- When the counter reaches "5," the display will be in red. This lets you know that you will soon need a new disk.

Tip

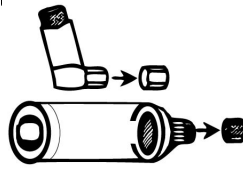
This chapter does not have a complete list of inhalers. Ask your nurse or provider for more information for how to use your yours.

❑ Metered dose inhaler with chamber

1. Shake the inhaler canister quickly for 5 seconds.

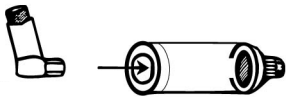


2. Remove the caps from the inhaler and the chamber.

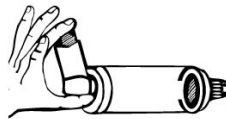


3. Look to make sure there are not any foreign objects in the inhaler or the chamber.

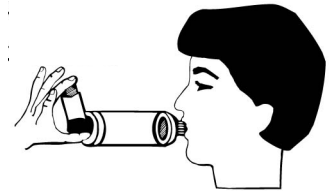
4. Insert the inhaler mouthpiece into the inhaler adapter of the chamber.



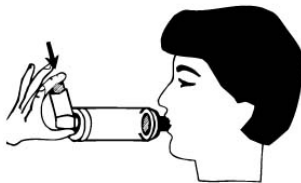
5. Grasp the inhaler in a good position to firmly spray it.



6. Place the chamber mouthpiece in your mouth between your teeth and close your lips. Gently exhale as fully as is comfortable.



7. Firmly press the inhaler canister once.

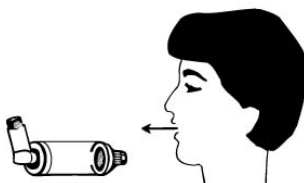


8. Inhale a full breath slowly through your mouth while keeping your lips sealed around the mouthpiece. A whistling sound means you are breathing too fast.



9. Hold your breath for 10 seconds if you can.

10. Remove the chamber from your mouth and exhale normally.

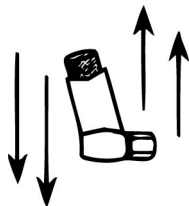


11. Wait 30 to 60 seconds. Shake the inhaler again and repeat steps 5 through 10 for the number of puffs ordered by your doctor. **Note:** If you use albuterol, wait 1 to 2 minutes.

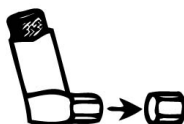
12. Remove the inhaler and holding chamber. Replace the caps. Store your inhaler and chamber in a clean, dry location.

❑ Metered dose inhaler with spacer

1. Shake the inhaler canister quickly for 5 seconds.

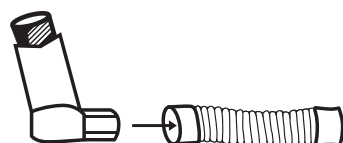


2. Remove the cap from the inhaler.

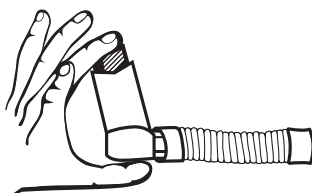


3. Look to make sure there are not any foreign objects in the inhaler or the spacer.

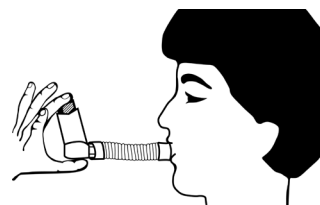
4. Insert the inhaler mouthpiece into one end of the spacer.



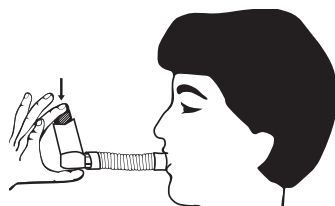
5. Grasp the inhaler in a good position to firmly spray it.



6. Place the spacer mouthpiece in your mouth between your teeth and close your lips. Gently exhale as fully as is comfortable.



7. Firmly press the inhaler canister once.



8. Inhale a full breath slowly through your mouth.



9. Hold your breath for 10 seconds if you can.

10. Remove the spacer from your mouth and exhale normally.



11. Wait 30 to 60 seconds. Shake the inhaler again and repeat steps 5 through 10 for the number of puffs ordered by your doctor. **Note:** If you use albuterol, wait 1 to 2 minutes.

12. Remove the inhaler and spacer. Replace the cap. Store your inhaler and spacer in a clean, dry location.

Chapter 3:

Other Health Conditions You May Have

To Do List

- ☐ Practice breathing techniques to reduce anxiety:
- ☐ Talk with your primary care provider about any other health concerns you have.
- ☐ Keep all follow-up appointments.

Other health conditions and how to handle them

Having a long-term health issue can be stressful. To help reduce stress, you may decide to make some lifestyle changes.

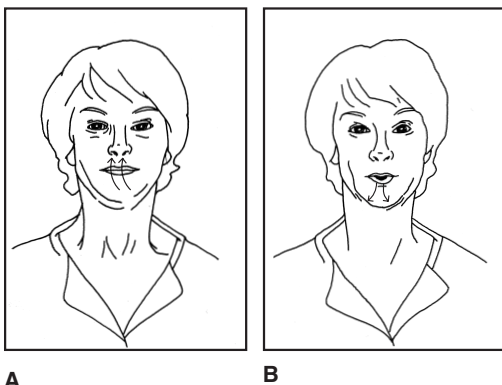
Anxiety

Anxiety is a strong feeling of intense fear and constant worry. It may cause you to hold your breath or make your breathing shallow.

Anxiety creates a tightness and tension in your muscles. Tension in your shoulders can affect your lungs' ability to take deep breaths.

Some anxiety is normal. But if it affects your everyday life you need see your provider. Together, you can decide what's right for you:

- ☐ medicines to help you sleep and stay calm when you're anxious
- ☐ talk therapy (counseling) with a psychologist, counselor or therapist.



A

B



Pursed-lip breathing looks like you are blowing out a candle.

Tips

- Sit in a quiet room.
- Close your eyes.
- Pay attention to your breathing.
- Do these exercises as many times a day as you'd like.

Focus on your breathing and relaxation

One way to change your anxiety is to pay attention to your breathing so you can breathe in a more regular and deeper pattern. This will help you feel relaxed.

You can do these breathing exercises anywhere and as often as you like. Try them the next time you go to the grocery store!

Pursed-lip breathing

Think of this as an exercise to control your breathing. It forces out the old air so you can take in new air that has fresh oxygen.

- When doing an activity, think about breathing through pursed lips during the hardest part of your activity.
- To do pursed-lip breathing (pictures at left):
 - Inhale (breathe in) through your nose with your mouth closed. (A) (Breathe through your mouth if you are having trouble.)
 - Exhale (breathe out) through your mouth with your lips pursed (puckered). (B) Blow out the air slowly.
 - Exhale twice as long as you inhale. For example, inhale to the count of 2 and exhale to the count of 4.

'1 to 2' breathing

For this breathing technique, pay attention to your exhale (breathing out) twice as long as you inhale (breathing in).

- As you focus on your breath, say to yourself "1" as you breathe in through your nose and say "1 and 2" as you breathe out through pursed lips.
- After about 10 breaths in and out, open your eyes and notice how you feel.

Another way to change your anxiety is to relax your shoulders.

Shoulder relaxation

If any of them cause you discomfort, stop and try again later.

Shoulder release

- Tighten your shoulders by lifting them up toward your ears. Let them go as high and tight as they will go and breathe in through your nose. (A)
- Slowly drop your shoulders with a sigh as you breathe out through your mouth. Imagine your muscles letting go. (B)
- Repeat at least 3 times.



A



B

Head turn

- Breathe in through your nose as you slowly turn your head to the left. (A) Only go as far as you feel comfortable. Try to look over your shoulder.
- Breathe out through your mouth as you turn your head to the right side. (B)
- Repeat at least 3 to 6 times.



A



B

Neck stretch

- Breathe in. Tip your head to the left so your ear moves toward your shoulder. (A) (Do not lift your shoulder.) Breathe out.
- Breathe in. Tip your head to the right. (B) Breathe out.
- Your shoulder muscles should start to soften.
- Repeat at least 10 times.



A



B

Shoulder stretch

- Put your hands on top of your shoulders. (A) Breathe in.
- Move your shoulders backward in circles. (B and C) Breathe out.
- Gently stretch your neck side to side. Breathe in and out.
- Bring your hands down. Rest. Breathe normally.
- Repeat at 3 to 6 times.



A



B



C

Find support

- ☐ Ask your provider if a pulmonary rehab program is right for you. The program provides exercises and education to fit your needs. You would go 2 days a week for 3 months.
- ☐ If friends or family members ask how they can help, tell them what you think would be helpful to reduce the stress in your life. Give specific examples.
It is a sign of strength to ask for help.
- ☐ Join a support group.
- ☐ Volunteer, if you are able. Meeting and helping other people can be a great way to help you feel better. Ask the United Way, your church, local schools or your local hospital if there are volunteer jobs available.
- ☐ Talk with your family members and friends.
Any stress you are under will affect them as well.

Depression

Clinical depression is a health problem that goes beyond just “feeling blue.” Depression affects every part of your life. It can be caused by a major illness (like COPD).

Depression can change your mood and thoughts. The thinking patterns you have when you are depressed tend to keep you in a “rut” that makes it hard to cope well with problems.

Symptoms include:

- feeling sad or irritable for 2 weeks or longer
- losing interest and pleasure in day-to-day activities
- having changes in appetite and weight
- having sleep problems (not enough or too much sleep)
- feeling hopeless, worthless or guilty
- having trouble concentrating or making decisions
- having thoughts about death or suicide.

If you think you have depression, talk with your doctor. Medicines and talk therapy can help you feel better.

Breathlessness, Fear, Loss of Control

How to breathe easier

You will feel less short of breath if you use breathing techniques. Practice and use the techniques below when you are involved in any activity so you can do more tasks with less shortness of breath.

Here are some tips on how to breathe easier.

- Take several deep breaths into your belly before you start any work or task.
- Breathe in (inhale) before each strenuous movement.
- Do the activity while you breathe out.
- Breathe out twice as long as you breathe in.
For example, inhale 2 seconds and exhale 4 seconds.

Between activities, take extra deep breaths if you feel you need to. Then resume the breathing patterns as soon as you can.

You may find all arm movements above your shoulders to be difficult. Also, reaching over your head or reaching down may cause you to get tired.

Tip

Pace your work to fit your abilities and keep your breathing pattern comfortable.

Coordinate your breathing with moving

Use the chart on page 3 to learn how to breathe while you do specific activities.

You can also use these breathing tips for:

- **household tasks:**
making the bed, doing the dishes, cleaning windows, picking up items, straightening up, washing the floor, mopping, doing laundry and moving furniture
- **exercises:**
breathing, draining the bronchi and relaxation
- **garden work:**
cutting hedges, picking fruit and berries, digging, raking leaves and weeding
- **hobbies:**
playing golf, sewing or bowling
- **personal hygiene:**
getting dressed, brushing your teeth, or taking a bath or shower.

Insomnia

Tip

If you cannot get a good night's sleep, talk with your health care provider. Medicines and talk therapy can help you feel better.

Tip

See if your breath can get deeper and more relaxed.

COPD may cause you to lose sleep. You may feel breathless at night, feel anxious, or feel other symptoms that keep you awake.

Tips for sleeping well

Sleeping well at night will help you stay alert during the day. Here are some tips for getting a better night's sleep:

- Get regular exercise, but not right before bed.
- Find a good temperature for sleeping. A cool bedroom is often the best temperature for sleeping.
- Go to bed only when you are tired. If you can't fall asleep right away, leave the room and find something quiet to do (such as reading). When you are tired, go back to bed.
- Go to bed and wake up at the same time every day, even on weekends or during vacation.
- Balance rest and activity during the day. If you nap, limit the time to less than 1 hour. Do not nap after 3 p.m.
- Avoid eating a heavy meal or spicy foods before bedtime. If you are hungry at bedtime, eat a light snack.
- Avoid alcohol and caffeine.
- Avoid using tobacco before bed.
- Use your bed only for sleep and sex. Let your body "know" that the bed is for sleeping.
- Don't watch the clock.
- It often helps to write down your worries. Make an agreement with yourself to deal with them tomorrow.
- Make sure your mattress and pillow(s) are comfortable.
- If you are taking medicines (over-the-counter or prescription), ask your doctor if they are keeping you awake at night.

Focus on your breathing and relaxation

Stress — physical or emotional — can stop your body's ability to heal. When you thoughtfully relax, the tension in your body and mind can begin to melt away. Just spending 10 to 20 minutes once or twice a day relaxing can help restore your energy.

Start a new routine as you lie down to sleep: focus on your breathing. Breathe in. As you breathe out, say the words silently, "I am..." Breathe in and breathe out, "I am..."

- Imagine your breath in goes into the tight muscles

of your head. Imagine you can feel the tension and stress from the muscles of your scalp relax with each breath out.

- Breathe in as if your breath can go right into your scalp muscles. As you breathe out, say to yourself, "I am..."
- Breathe in to your forehead. Breathe out, "I am..."
- Breathe in to your face. Breathe out, "I am..."
- Breathe in to your neck and throat. Breathe out, "I am..."
- Breathe in to your shoulders. Breathe out, "I am..."
- Breathe in to your arms, hands and fingers. Breathe out, "I am..."
- Breathe in to your chest. Breathe out, "I am..."
- Breathe in to your belly. Breathe out, "I am..."
- Breathe in to your hips and pelvis. Breathe out, "I am..."
- Breathe in to your thighs. Breathe out, "I am..."
- Breathe in to your knees. Breathe out, "I am..."
- Breathe in to your lower legs. Breathe out, "I am..."
- Breathe in to your feet. Breathe out, "I am..."
- Breathe in to your toes. Breathe out, "I am..."
- Breathe in and imagine deep roots extend from the soles of your feet. Imagine they extend into the earth as you breathe out, "I am..."
- Keep breathing in and breathing out, "I am..." a few more times.

Remind yourself it is OK if you can't sleep, it is perfect if you can just rest. If you wake up during the night, start over again with the routine.

It might take a few nights to train your body to relax enough and trust that it is safe for you to sleep.

Practice Guided Imagery

Try one of the following relaxation exercises anytime you feel tense during the day. Find a quiet room. Remove all distractions and turn off the lights. You may play soft, soothing music.



Imagine your favorite scene or place.

Guided imagery

You can use your imagination to help you breathe easier.

Guided imagery helps manage pain and distress, gives you a better sense of well-being and helps your body heal.

- Think about a pleasant or restful place. It can be anywhere: a beach, a cabin or the woods, or a safe place at home.
- Let happy thoughts of your favorite scene or place relax you.
- Close your eyes and picture that scene or place.
- Focus on the sights, sounds and smells of your favorite scene or place as you relax.
- Let your body relax and your breathing become deeper.

Chapter 4:

Lifestyle Changes to Help You Feel Better

To Do List

- ☐ Quit smoking.
- ☐ Take several deep breaths before any activity or exercise. Rest when you need to.
- ☐ Avoid anything that makes breathing harder, like dust, mold, pollution or smoke.
- ☐ Wash your hands often to prevent infections.
- ☐ Get regular exercise. Keep track of your exercises on the worksheet on pages 59-60.
- ☐ Eat smaller meals more often.
- ☐ Talk with your provider if you have questions or concerns.
- ☐ Stay current with your vaccinations.
- ☐ Keep all follow-up appointments.

Smoking and COPD

Did You Know?

- 8 out of 10 COPD-related deaths are caused by smoking.
- 3 in 4 adults with COPD smoked tobacco.
- If you keep smoking, the damage will get worse faster than if you stop smoking.

Source: Centers for Disease Control and Prevention.

How tobacco affects your lungs

Smoking:

- damages cilia (hair-like projections of the lungs that trap germs, dust and particles in your airways and sweep them out)
- irritates your airways
- triggers flare-ups (secondhand smoke is also a trigger)
- makes your shortness of breath worse
- weakens your lungs to fight off infections.

The best thing you can do for your health is to not smoke. No amount of tobacco is safe.

Your health care team understands that quitting is not easy for most people but with help and your willingness to try, you can succeed!

Benefits of quitting

- Quitting smoking will help protect your lung tissue, slow the COPD damage, and make your symptoms easier to control. It is never too late to quit.
- Your body responds quickly to quitting:
 - **8 hours:** The carbon monoxide level in your blood drops to normal. The oxygen level in your blood increases to normal.
 - **24 hours:** Your chance of heart attack decreases.
 - **48 hours:** Nerve endings start to grow again.
 - **2 weeks:** Your circulation improves and your lung function increases.
 - **1 to 9 months:** Your cough, stuffy nose, and shortness of breath decrease. (Source: World Health Organization)
- There are many health benefits to quitting. Quitting:
 - leaves you less short of breath
 - leads to fewer colds, sinus infections and lung problems such as pneumonia and bronchitis
 - gives you fewer flare-ups
 - makes your cough better
 - may lead to fewer hospital stays
 - gives you more energy, power and strength
 - improves your body's ability to heal.

What's in tobacco

Cigarette smoke contains more than 7,000 chemicals. More than 70 can cause cancer.

Tobacco products include cigarettes, electronic nicotine delivery systems (ENDS, includes e-cigarettes and JUUL®), smokeless tobacco (dip or chew), cigars, hookahs and pipes.

Every time you inhale a cigarette, cigar or pipe, you inhale chemicals such as:

- benzene (fuel additive)
- formaldehyde (embalming fluid)
- cyanide (poison)
- acetylene (fuel)
- ammonia (cleaning fluid)
- acetone (nail polish remover)
- carbon monoxide (poisonous gas)
- arsenic (poison).

E-cigarettes

What you need to know

- Tobacco products include cigarettes, electronic nicotine delivery systems (ENDS, includes e-cigarettes), cigars, smokeless tobacco (dip or chew), hookahs, pipes, roll-your-own, and oral nicotine products.
- E-cigarettes can cause many harms to your body such as asthma attacks, seizures, lightheadedness, vomiting, nausea, rapid heart rate, and abnormal heart rhythms.
- E-cigarettes are not safe. E-cigarettes are a tobacco product.
- The liquid that goes in the e-cigarettes can contain:
 - nicotine
 - Nicotine is the addictive drug in tobacco.
 - chemical flavorings
 - Current studies show “flavors” added to e-cigarettes are harmful. They are linked to problems with the heart, lungs and brain. They can be especially harmful in youth and young adults, whose brains and lungs are still developing.

Did You Know

Secondhand aerosol from vaping is not safe. It has many of the same residual chemicals as cigarettes such as heavy metals and nicotine.

Did You Know

Secondhand aerosol from vaping is not safe. The aerosol has many of the same residual chemicals as cigarettes including:

- heavy metals such as tin, nickel and chromium
- nicotine
- toxins such as benzene, formaldehyde, lead and toluene.

E-cigarette aerosol contains a higher amount of ultrafine particles that are closer together (concentrated) than in tobacco cigarette smoke.

These tiny particles can go into your lungs, putting you at a high risk for shortness of breath and lung damage.

Source: U.S. Surgeon General

- additives such as propylene glycol and vegetable glycerin
 - When propylene glycol is heated, it turns into formaldehyde, which is a chemical known to cause cancer.
 - When vegetable glycerol is heated, it changes into acrolein, which irritates your airways.
- nicotine salt (nic-salt)
 - Nic-salt is added to e-liquid to reduce the harsh feelings in the user's throat from the nicotine and other chemicals. Nic-salt makes the e-cigarettes more addictive.
- Users can be exposed to a significant amount of nicotine. Different brands can deliver the same amount of nicotine as low as 2 packs of cigarettes and as high as 19 packs of cigarettes, depending on the number of puffs in the device.
- Even chemicals that are considered "safe" need to be retested for safety when they are heated and inhaled. Heat produces chemical changes which can be harmful.
 - Flavorings have only been approved for safe use in food and drink. They are not safe in e-cigarettes.
- The FDA has not approved e-cigarettes as a way to quit smoking.
- If you want to quit smoking, there are FDA-approved medicines that you can use. These medicines have been studied and are proven to help you quit smoking.

Talk with your health care provider, pharmacist or tobacco counselor to help you decide which type of medicine is right for you and how to use it.

Secondhand smoke

Secondhand smoke is a mixture of smoke coming from the burning tips of cigarettes, pipes and cigars and smoke exhaled by someone who is smoking.

Anyone around secondhand smoke breathes in the chemicals from the tobacco smoke. Secondhand smoke causes death and disease in people who do not smoke.

The only way to protect your family from secondhand smoke is to live in a smoke-free environment.

In adults who have never smoked, secondhand smoke can cause:

- heart disease
- lung cancer
- stroke.

Did You Know

Smoking near an open window, blowing smoke out of a room with a fan, using an air filter, or smoking outside does not prevent secondhand and thirdhand smoke.

In children, secondhand smoke can cause:

- sudden infant death syndrome (SIDS)
- ear infections
- breathing problems (coughing, wheezing, shortness of breath)
- respiratory infections (such as bronchitis and pneumonia).

Children who have asthma who are around secondhand smoke have more asthma attacks that are more severe.

Thirdhand smoke

Thirdhand smoke is the chemical residue left from secondhand smoke.

It is what you smell on your clothes, hair, furniture or in the car. Thirdhand smoke is also the brown film on walls. The residue can cling to surfaces for months. The particles are very tiny and can easily get into your lungs when you breathe.

Children are also at a high risk to be exposed to thirdhand smoke. Children touch and crawl around surfaces that have chemicals on them from smoke.

How to protect yourself and your family

According to the U.S. Surgeon General, the only way to protect your family from secondhand smoke is to live in a smoke-free environment.

- Make your home and car smoke-free.
- Ask people not to smoke around you and your child(ren).
- Share information with other parents about the health risks of secondhand and thirdhand smoke.
- Teach your child to stay away from tobacco products and secondhand smoke.
- If an adult in your home smokes, only allow smoking outside.
- Wear a jacket or an overshirt when smoking and then take off when you are done. This reduces thirdhand smoke but it doesn't get rid of it.

Quitting Tobacco Use

Quitting may be hard but it is not impossible. To get help quitting, talk with a member of your health care team.

Preparing to quit

- Make a pact with yourself to quit.
- Write down your three most important reasons for quitting on a card. Carry the card with you or post it on your refrigerator, desk or mirror and look at it several times a day.
- Make your home tobacco-free to reduce your triggers and make it a safe place for your body to heal. For example, most people do not expect to smoke in a restaurant anymore because they've grown used to it.
- "See" yourself as someone who does not use tobacco.
- Think about new ways to relax or take a break. Plan your reward for each day you do not use tobacco. Keep them small, easy and affordable.

Actually quitting

- Get rid of your tobacco products. Throw away your cigarettes, ashtrays and lighters.
- Do not allow smoking in your home. If other family members want to smoke, ask them to go outside. It is not safe for anyone to breathe secondhand smoke.
- You may need to temporarily avoid "high risk" situations: parties, smoking environments, social situations, seasonal activities (such as hunting, fishing and campfires). Plan ahead on how to cope with those triggers.
- Think positively. Believe you can quit. You were not born using tobacco. Your body will remember how live without it.
- Even the most intense cravings can only last up to 15 minutes. Most cravings last for 3 to 5 minutes, and often it is only a challenging 30 seconds. Time your cravings to get a sense of how long they actually last. Wait it out and tell yourself "this too shall pass."

Quitting aids

Medicines are proven to be helpful and increase your chance of long-term success.

Talk with your doctor about which way(s) to quit may help you the most.

- Over-the-counter products include nicotine gum, nicotine lozenge and the nicotine patch.
- Prescription products include Zyban®, nicotine nasal spray, nicotine inhaler.

Resources For Quitting



Product-specific Resource

- financial aid Nicotrol® inhaler
 - 1-844-989-PATH (7284)
 - pfizerrxpathways.com

Other

- Quit Partner
 - 1-800-QUIT-NOW (1-800-784-8669) or quitpartnermn.com (English, Spanish, Somali and Hmoob)
 - 1-833-9AI-QUIT or aiquit.com (American Indian)
 - asiansmokersquitline.org
- Online tobacco cessation support
 - smokefree.gov
- American Lung Association/Tobacco Quit Line
 - 651-227-8014 or 1-800-586-4872

Prevent Infection

It is important to prevent any type of infection, especially those that affect your breathing. Help prevent infection with the following tips.

- **Get vaccines (shots).**

- ☐ The influenza (flu) vaccine is needed every year. The vaccine is available in the fall, starting in September or October. You can get the shot at your doctor's office.
- ☐ The pneumococcal (pneumonia) vaccine is needed once every five years until you are age 65. When you receive your vaccine after the age of 65, you will not need another one.
- ☐ Stay up to date on RSV and COVID vaccine recommendations

- **Wash your hands often.** This is the easiest way to prevent illness. Be sure to wash your hands after you come in contact with people or if you are in public places. Try to avoid large crowds. Avoid contact with anyone who is sick.

- **Eat healthful foods and drink lots of water.** Eat plenty of fruits and vegetables each day. Besides water, drink beverages that are not carbonated (fizzy) and that do not have caffeine (this includes noncaffeinated coffee).

- **Get plenty of rest.** It may not be easy, but work toward getting enough sleep every day. If you cannot sleep well after trying the suggestions on pages 29-30, talk with your health care provider.

- **Talk with your provider if you are travelling to an area of higher altitude.**

Take Care During Weather Changes

Sudden changes in the weather or changes in the seasons can affect your breathing. Consider the following tips.

- Watch air quality measures.

- Avoid being outside when pollution levels are high.

- During winter weather:

- Avoid going outside in cold weather.
- Always cover your nose and mouth when outside. Breathing freezing air can make it hard to breathe.

- During spring and summer weather:

- Allergies can cause breathing problems. Avoid being outside when allergen levels are high.
- Avoid going outside in humid air. Stay indoors with a fan or air conditioning.

Have a Breathing Test

Regular spirometry testing will help your doctor understand how well your lungs are working. They compare the results of your test with another adult who is the same height, gender and age. Your provider will also compare your tests with previous tests.

Your provider may change your treatment plan based on your test results.

Get Regular Exercise

Tip

If you skip more than 2 days of exercise, restart your program at a lower level and slowly increase again.

It is important to get exercise each day. Even a small amount of exercise can improve your health and lead to fewer hospital stays. It is important to get regular exercise that you can do comfortably.

It is important to balance exercise with rest. Your muscles need oxygen to do activities. As your lungs take in less oxygen and your body works harder than normal to breathe, you may need longer rest periods after stressful situations.

Talk with your provider about what is right for you or if you have any problems exercising.

Benefits of regular exercise

Exercise means working your muscles to strengthen and condition them. This includes your heart.

Starting an exercise program can be a challenge. Stick with it and after a few days or weeks you may begin to see or feel these positive changes:

- more confidence and independence
- more energy for your everyday activities or special events
- less difficulty reducing or maintaining weight
- increased strength, endurance, flexibility and balance
- improved feeling of well-being and a reduction in stress
- better quality sleep.

Tip

If you can, join a pulmonary rehab program. You will learn skills to manage COPD and have an exercise program created just for you.

Talk with your provider to see if pulmonary rehab is right for you.

Basic exercise guidelines

Start your exercise program slowly and work up to your abilities. Choose an exercise you enjoy doing (such as walking, riding a stationary bike, swimming, gardening). If you can exercise, slowly increase what you are doing by adding 1 minute each day.

Tip

Try to work on being active 5 to 6 days a week for a total of 30 minutes each.

You can exercise in chunks of 5 to 10 minutes at a time.

Tips

- Choose exercise you enjoy. You do not need to join a club or buy expensive equipment.
- Use music, dance or sing-along for fun.
- Try two or three different types of exercise each week for variety.

Use the following general exercise guidelines.

- Wear layers of loose-fitting clothing. Wear comfortable athletic shoes.
- Wait up to 2 hours after eating a full meal and after taking most medicines to exercise.
- Exercise in comfortable temperatures. If the weather is too hot or cold, exercise indoors.
- Drink 6 to 8 ounces of water before you exercise (unless you are on a fluid restriction).
- Warm up until low-level activity slowly raises your heart rate.
- Stretch in slow, controlled movements. Do not bounce while stretching.
- Do aerobic exercise (like biking, walking and swimming) that uses large muscle groups and raises your heart rate.
- At the end of your workout, do low-level activity and stretching. This lets your heart rate return to normal and helps you cool down.
- Drink 6 to 8 ounces of water after you exercise (unless you are on a fluid restriction).
- Do not exercise if you do not feel well or have a temperature higher than 100 F.
- If you smoke, quit. If you cannot quit, do not smoke 1 hour before or after you exercise.
- Do not take a hot or cold shower or bath for at least 15 minutes before or after exercise.
- Do not drink alcohol right before or after exercise.
- Avoid exercises that involve straining, pushing, pulling or heavy lifting when there is little or no movement of your body or if you have to hold your breath.
- Be careful of exercises in which both arms are above your head for a long time. This can lead to fatigue.

Good exercise choices

- Walking is the best choice because it is easy to do. If your locations to walk are limited, use a treadmill, if you are able.
- A stationary bicycle may put less stress on your hips, knees and feet. Be sure your seat is the proper height: your knees should only be slightly bent when the pedal is at the lowest point.
- Swimming puts less stress on your joints.

- On days the weather is bad, walk in a mall or large store.

How to breathe while you exercise

You may find yourself short of breath while you are exercising. Some of this is normal. You can rate your level of breathlessness on this scale:

Your goal is to stay in the first two.



1. mild (only you notice)
2. mild difficulty (someone else can notice)
3. moderate difficulty (you can keep exercising)
4. severe difficulty (you can't keep exercising).

If you reach the third, you should cool down or stop if you need to catch your breath. If you reach the fourth, stop.

Important

If you have any of the symptoms listed at right, stop what you are doing and rest. If they do not go away after rest, or if they continue to limit your activity, call your provider.

If these symptoms are severe, call 911.

When to stop exercising

It's important to "listen" to your body while you exercise.

Stop exercising if you:

- feel dizzy or lightheaded
- have an upset stomach or vomit
- have a cold sweat
- are short of breath (making talking difficult)
- are very tired (fatigue) or have extreme exhaustion
- feel that your heart is pounding or racing
- faint or have black-out spells
- feel that your heart is skipping beats or has become irregular
- have chest pain or pressure
- have pain or pressure in your neck, jaw, teeth and arm or between your shoulder blades
- have new joint or muscle pain.

Save Your Energy

Without even knowing it, you may be wasting energy every day. Finding easier ways to do things will give you more energy to do the things you enjoy! The following are ways to save your energy.

Plan ahead

- **Schedule time to exercise.** You may find it helpful to combine exercise with another activity. For example, ride your stationary bike while you watch TV.
- **Organize your home and work area.** Keep things handy.
- **Plan ahead for rest.** Schedule rest breaks or power naps. If you get too involved in activities that cause fatigue, try setting a timer for 30 minutes. When the timer goes off, see how you are feeling and decide if you should continue or rest.
- **Use waiting time to relax.** Instead of being stressed by the wait at the checkout line or in traffic, use the time to practice relaxation breathing.
- **Schedule time for you.** Plan time for hobbies and activities you enjoy. Lunch with a friend can reduce your stress and boost your energy.
- **Plan for meals.** Cooking can be simpler if you plan and prepare ahead of time. Make a double batch and freeze half for an easy meal later.
- **Plan for shopping.** A list will eliminate trips for forgotten items. Avoid going to the store at busy times.
- **Get out of the fast lane.** When possible, avoid rush hour. Schedule appointments and errands at other times.
- **Stay flexible.** Even the best plans may need to be changed.

Pace yourself

- Move slowly and easily. Stop and rest often. Do not rush.
- Use your energy wisely. Find when your energy level is best and use this time to your advantage. If you get tired in midafternoon, cook and do housework earlier in the day. Save the afternoon for light activities or a nap.
- Use your breathing to boost your energy.
 - Do not hold your breath while you exercise or do activities. You can become “breathless.”
 - For instance, if you have trouble opening a tight jar lid, take a breath in and then work to open the lid while you breathe out.

- Find a balance. Do not try to do everything all in one day. Spread housework over the whole week, balancing heavy and light chores.
- Set reasonable goals and make them realistic. For instance, clean only one room a day or decide to just dust.
- Find shortcuts. Combine shopping trips with errands when you can. Avoid having to backtrack.
- Climb stairs safely. You may need to take up to 4 deep breaths before you climb stairs, “double step” to use less energy, put a stool at the landing to rest, or avoid carrying heavy loads.
- Use a stepstool or sturdy climbing device when you reach for an object.
- Try to sit for as many activities as possible.
- Breathe out through pursed lips during the hardest part of an activity. See page 24 to learn how.

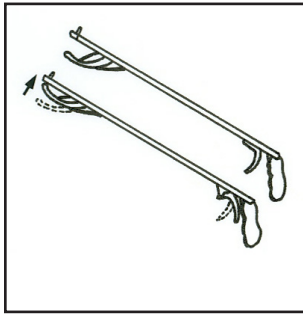
Make priorities

- Evaluate your priorities. What do you have to do, and what do you want to do? What can you eliminate or simplify? If you never seem to have time for the things you enjoy, maybe you need to re-evaluate priorities.
- Delegate work. Have family members (including children) help with housework. Have groceries delivered. If you can afford it, hire help. Also, your community may offer services to help with meals, transportation or chores.
- Do not do chores that aren’t needed. Leave your bed unmade or let the dishes air dry. Use your energy to do something you want to do, instead of things you feel you have to do.
- Recognize your limits and just say “no.”
- Learn to let go. Do not be a perfectionist. If you enjoy entertaining, have people over for dessert or potluck instead of a five-course meal. Let others help you.
- Simplify your life. Buy easy-care, wash-and-wear clothing so you won’t have to iron and hand wash items. Try a low-maintenance hairstyle.
- Make your health your No. 1 priority.
- Do not stand when you can sit. If shaving makes you tired, put a mirror on the table. Rest your elbows. Sit on a high stool to iron or cook.

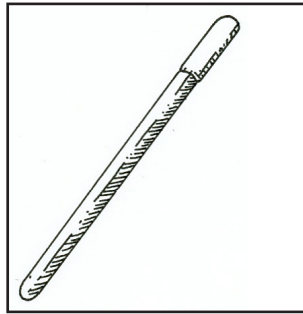
Consider using equipment to save energy

Equipment is available to help you save energy. (See below.) These items can be found at medical supply stores, discount stores or local pharmacies.

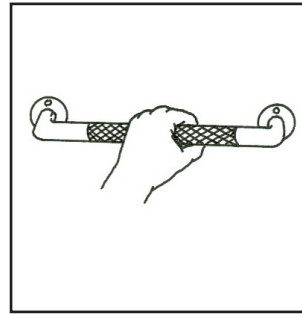
You may be eligible for community equipment loan programs. For more information, call the Goodwill Easter Seal Equipment Loan Program at 651-646-2591 or your local American VFW or Lions Club.



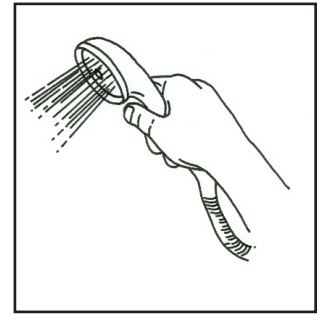
long-handled reachers



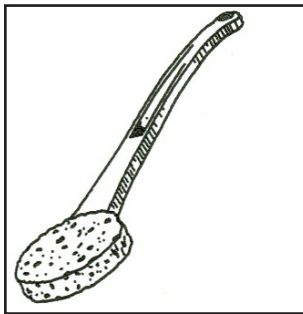
long-handled shoe horn



grab bar for bathroom



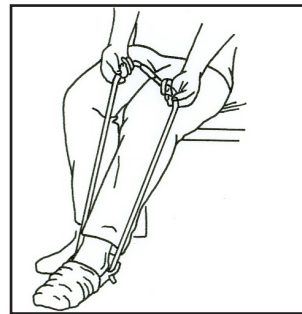
hand-held shower kit



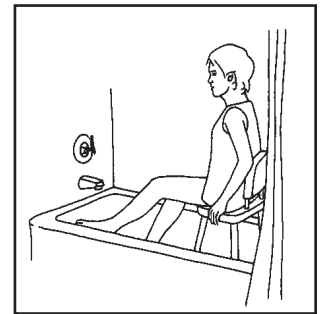
long-handled sponge



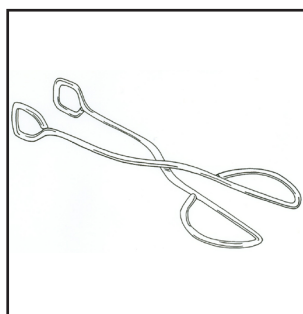
raised toilet seat



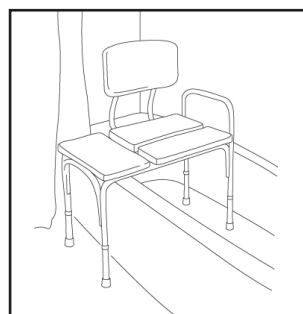
long-handled sock aid



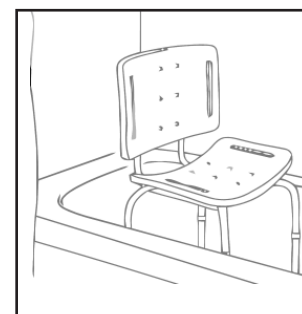
bath/shower chair



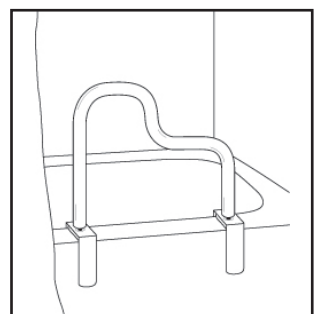
tongs



tub transfer bench



tub chair



tub rail

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Also: rolling walker or four-wheeled walker with seat

Sexual Activity

Tip

Certain medicines can affect sexual response. If you find a change in your sexual desire, talk about it with your provider.

Sexual activity is a common concern among people who live with COPD. Most people can enjoy sexual activity with some minor changes. You and your partner can continue to share physical closeness and emotional intimacy.

Experiment with new ways of being together. You may find pleasure in giving foot or back massages, caressing and cuddling.

Use common sense and avoid any activity if you are feeling tired or if you have just eaten. Use positions that are comfortable for you and cause you the least fatigue or exertion.

The following are ways to reduce stress during sex:

- Talk to your partner about sexual activity recommendations and possible changes you may need to make.
- Enjoy sexual activity when you are rested.
- Be sure your room temperature is within a comfortable range.
- Wait 1 to 2 hours after eating a meal.
- If you have shortness of breath or chest discomfort, stop and rest.

Eat Smaller Meals

Tip

Eating healthful foods is important to your health. Consider seeing a dietitian if you:

- are underweight
- need to add calories
- are looking for protein choices
- do not have an appetite.

You may have problems eating a regular meal because it makes your breathing uncomfortable.

Instead of 3 meals a day, try 5 or 6 smaller meals. A small meal will not fill your stomach as much as a regular meal. This takes some pressure off your diaphragm.

Instead of	Try
toast	soft muffin or oatmeal
french fries	mashed potatoes
chicken breast	chicken salad
steak	chopped steak or hamburger
salad	cooked vegetables or soup
cold cereal	Cream of Wheat or yogurt

Try eating soft foods. Chewing less uses less energy. This makes eating easier. Eating certain foods may also make it easier to eat the right amount of nutritious calories. Use the chart above.

Chapter 5: Planning for Your Future Health Care

To Do List

- ☐ Ask your health care provider about creating or updating a health care directive. This will help you define your wishes for medical care if you cannot communicate or make your own health care decisions.
- ☐ Ask your health care provider about options for palliative care or hospice care.
- ☐ Keep all follow-up appointments.

Health Care Directive

No matter what stage you are with COPD, it is never too late to think about your future care needs.

An advance care plan provides information and guidance to others about your wishes for treatment in case you can't tell them yourself.

Advance care planning is a process to:

- understand your health care treatment options
- list your health care goals
- weigh your options about what kind of care and treatment you would want or do not want
- make decisions about whom you want to appoint as your health care agent and complete a health care directive
- communicate your wishes and share your health care directive with your family, friends and health care provider.

It is never too early to begin planning. Starting the planning process now can help you to be more in control and make informed decisions about your care. Your advance care planning conversation will change as your health changes.

Questions to ask

Talk with your loved ones about your wishes, values and treatment preferences for future health care needs. To help you start this conversation, here are some questions to think about with your family:

- If I were in my final months of life, how would I want to spend my time?
- What care would I want to receive?
- What would be most important: quality of life and comfort or living as long as possible no matter the burden?
- Where do I want to spend my final days of life — at home, in a nursing home or at a hospice residence?
- What would my “ideal death” look like?
- What are my thoughts on mechanical ventilation and being connected to a machine that breathes for me? If I want, how long do I want to have it? What are the chances that I would not be able to come off of the ventilator?

- If my heart stops, do I want CPR? What are my odds of survival?
- If I were unable to eat and drink on my own, would I want a feeding tube? Would I be able to eat and drink by mouth any longer?

These decisions can be difficult to talk about, but when they are discussed early and often, it will help make sure that you receive the type of care that is important to you and your family.

The conversations with your loved ones can be the best, free gift you ever give, so your family will be able to give that gift back to you when the time comes to honor your wishes.

How to get started

Go to allinahealth.org/hcd or scan the QR code.

- Print the form of your choice. You can also ask your health care provider for a copy.
- Read the [guide](#) if you need help filling out your health care directive.



You can also fill out a free, secure health care directive online. Go to account.allinahealth.org to create an account.

End-stage COPD

Symptoms of end-stage COPD are:

- needing oxygen all the time
- needing to take steroids all the time
- having many limits on what you can physically do because you are short of breath
- weight loss
- several hospital stays
- symptoms continue even when you are resting
- unable to leave house
- unable to care for yourself
- need more care from others.

It is important to talk with your provider about your prognosis.

Palliative Care and Hospice Care

Many medicines used to treat COPD help you live longer but COPD gets worse over time. There will be a point where you will have symptoms — and hospital stays — even though you take medicines and oxygen therapy.

There are two options for your care as COPD gets worse: palliative care and hospice care.

Did You Know

Palliative care can help you cope during treatment and help improve your physical, emotional and spiritual health.

Palliative care is given with your treatment, not in place of it. Care is given in a clinic or your home. Services depend on your needs.

Palliative care

Living each day to the fullest may be important to you. Palliative care can help you be as independent and comfortable as possible.

Palliative care is for anyone who is in any stage of an advanced illness. It treats your symptoms and emotional and spiritual concerns. It can help you and your family understand COPD and treatment choices, as well as address financial and community resource options.

You may receive the highest quality of care at home, in the clinic or hospital, or in other types of care settings. You and your family have telephone access to a palliative care nurse 24 hours a day.

Palliative care may decrease the number of times you have hospital stays and it may help you avoid unnecessary Emergency Department visits.

Did You Know

Hospice care provides support and services if you are in the last 6 months of life. It can help you get the best quality of life possible during this time.

Hospice care is given wherever you call home. If you receive hospice care at home, you will get a schedule of the hours and days you will have hospice visits.

Services depend on your needs.

Hospice care

You and your family may find peace of mind knowing that end-stage COPD can be managed and treated in a non-hospital setting.

Hospice care is a special way of caring for you, your family and your caregivers if you have 6 months or less to live. Hospice focuses on your comfort and quality of life while treating your physical, emotional and spiritual needs. The focus is on comfort and providing the highest quality of life possible.

Only medicines and actions to make you more comfortable are used or added. Dying is not hurried or delayed.

Hospice is covered by most insurers, including Medicare, Medicaid and private insurers. Care can be provided in your home, a nursing home or a residential hospice.

Chapter 6: Worksheets

To Do List

- ☐ Fill out each worksheet.
- ☐ Bring any questions to your next health care provider's visit.
- ☐ Keep all follow-up appointments.

Home Exercise Program

When you complete your timed exercise, please fill out the boxes below.

Date	Time	Morning	Afternoon	Evening	Symptoms/Feelings
	4 min.				
	5 min.				
	6 min.				
	7 min.				
	8 min.				
	9 min.				
	10 min.			May decrease exercise to twice a day.	
	11 min.				
	12 min.				
	13 min.				
	14 min.				
	15 min.				
	16 min.				
	17 min.				
	18 min.				
	19 min.				
	20 min.		May decrease exercise to once a day.		
	21 min.				
	22 min.				
	23 min.				
	24 min.				
	25 min.				
	26 min.				
	27 min.				
	28 min.				
	29 min.				
	30 min.				

Home Exercise Program

When you complete your timed exercise, please fill out the boxes below.

Date	Time	Morning	Afternoon	Evening	Symptoms/Feelings
	4 min.				
	5 min.				
	6 min.				
	7 min.				
	8 min.				
	9 min.				
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	16 min.				
	17 min.				
	18 min.				
	19 min.				
	20 min.		May decrease exercise to once a day.		
	21 min.				
	22 min.				
	23 min.				
	24 min.				
	25 min.				
	26 min.				
	27 min.				
	28 min.				
	29 min.				
	30 min.				

Current Medicine List

Pharmacy: _____ Phone: _____

Doctor: _____ Phone: _____

Medicine allergies: _____

Medicine	Dosage	Why take it	How often take it	Comments	a.m.	noon	p.m.	bed-time

Current Medicine List

Pharmacy: _____ Phone: _____

Doctor: _____ Phone: _____

Medicine allergies: _____

Medicine	Dosage	Why take it	How often take it	Comments	a.m.	noon	p.m.	bed-time

Tests and Exams

Exam	Date Done	Date Due	Comments
Complete physical exam			
Spirometry test			
Lipids (cholesterol, LDL, HDL, triglycerides)			
Rectal exam			
Hemoccults (check for blood in the stool)			
Colon screening (flex sig or colonoscopy)			
Prostate exam			
Breast exam			
Pap smear			
Mammogram			
Eye exam			
Dental visit			

Immunizations

Shot	Date Done	Date Due	Comments
Flu (influenza)			
Pneumonia			
Tetanus (due every 10 years)			
Other			

Questions for Your Health Care Team





Get connected

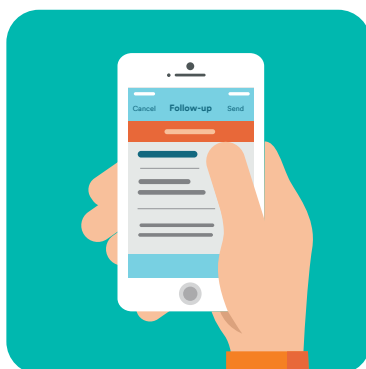
Communicate with your Allina Health clinic, hospital and provider

Sign up for your free Allina Health account and get instant access to your health information. You can:

- schedule appointments
- get lab results
- email your care team
- manage a child or another adult's account
- and more!

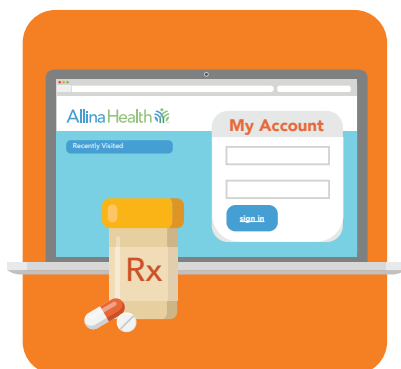
Fewer steps. Greater access.

- email with your care team*
- view immunizations
- read visit notes* and follow-up instructions



Never run out. We're always open online.

- refill prescriptions at Allina Health pharmacies with the click of a button



Sign up for your account at allinahealth.org today

Your account is a free service of Allina Health.

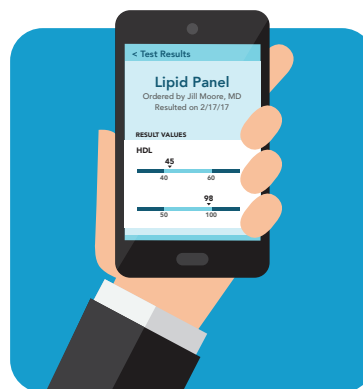
*Availability varies by location. Ask your clinic or hospital if this service is available.

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On the calendar. Off your mind.

- quickly schedule appointments*
- do online visits for common conditions



Less waiting. More knowing

- get lab results fast — usually same day



Small effort. Big reward.

- take a wellness assessment
- set and track health goals
- create a health care directive





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