

Patient Education and Counseling. Effective Communication with COPD.

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LYAZAT IBRAYEVA

Education, self-management and integrative care

- Patient «education» often takes the form of providers giving information and advice, and assumes that knowledge will lead to behavior change.
- Although enhancing patient knowledge is an important step towards behavior change, didactic group sessions are insufficient for promoting self-management skills.
- Topics such as smoking cessation, correct use of inhaler devices, early recognition of exacerbation, decision-making and taking action, and when to seek help, surgical interventions, considering advance directives, and others will be better dealt with using self-management interventions.
- Personalized education and training that considers specific issues relating to the individual patients, and that aims to enhance long-term functionality and appropriate health behaviors, is likely to benefit patients more. These are addressed under self-management.

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COPD patients education

- Patients may have individual and/or group education sessions.
- During group sessions, patients engage in active, participatory-based learning of program content.
- During one-on-one interactions, a motivational communication style should be used, as this approach empowers patients to take greater responsibility for their health and wellbeing, where physicians and other healthcare professionals only serve as guides in the behavior change process.

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COPD patients education

Topics considered appropriate for an education program include:

- ✓ smoking cessation;
- ✓ basic information about COPD;
- ✓ general approach to therapy and specific aspects of medical treatment (respiratory medications and inhalation devices);
- ✓ strategies to help minimize dyspnea;
- ✓ advice about when to seek help;
- ✓ decision-making during exacerbations;
- ✓ advance directives and end-of-life issues.

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COPD patients education

- The intensity and content of these educational messages will vary depending on the severity of the patient's disease, although the specific contributions of education to the improvements seen after pulmonary rehabilitation remain unclear.
- Implicit in this description is the provision of «self-management support/coaching», which refers to the strategies, techniques and skills used by healthcare providers to arm patients with the knowledge, confidence and skills required to self-manage their disease effectively.
- However, the individual patient's evaluation and risk assessment with respect to exacerbations, patient's needs, preferences, and personal goals should inform the personalized design of the self-management education plan.

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COPD patients self-management

- Self-management education and coaching by healthcare professionals should be a major component of the «Chronic Care Model» within the context of the healthcare delivery system.
- The aim of self-management interventions is to motivate, engage and coach patients to positively adapt their health behavior(s) and develop skills to better manage their COPD on a day-to-day basis.
- Physicians and healthcare providers need to go beyond pure education/advice-giving (didactic) approaches to help patients learn and adopt sustainable self-management skills.
- The basis of enabling patients to become active partners in their ongoing care is to build knowledge and skills. It is important to recognize that patient education alone does not itself change behavior or even motivate patients, and it has had no impact on improving exercise performance or lung function, but it can play a role in improving skills, ability to cope with illness, and health status.

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Self-management in COPD

- Allows patients to manage their symptoms more effectively.
- Able to recognize exacerbations symptoms at an early stage, seek medical attention earlier.
- Preserve patient`s sense of autonomy.
- Improve quality of life.
- Traditional self-management includes education to be used in conjunction with proven treatments such as smoking cessation and pulmonary rehabilitation.
- Smoking cessation-challenging.
- Pulmonary rehabilitation – poor uptake and high drop out rate.
- Innovative approach is required.

Interventions that Reduce the Frequency of COPD Exacerbations

Figure 4.11

2024

Teaching
Slide Set

Intervention Class	Intervention
Bronchodilators	LABAs LAMAs LABA + LAMA
Corticosteroid-containing regimens	LABA + ICS LABA + LAMA + ICS
Anti-inflammatory (non-steroid)	Roflumilast
Anti-infectives	Vaccines Long Term Macrolides
Mucoregulators	N-acetylcysteine Carbocysteine Erdosteine
Various others	Smoking Cessation Rehabilitation Lung Volume Reduction Vitamin D Shielding measures (e.g., mask wearing, minimizing social contact, frequent hand washing)



COPD FOLLOW-UP CHECKLIST

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Teaching
Slide Set

In-person Follow-up <input type="checkbox"/>		Phone Follow-up <input type="checkbox"/>		Virtual/online Follow-up <input type="checkbox"/>	
Date: YYYY/MM/DD		Diagnosis:			
1. BASELINE SYMPTOMS – Breathlessness on a regular day: mMRC /4 Daily sputum production: <input type="checkbox"/> no <input type="checkbox"/> yes, color: _____ Regular cough <input type="checkbox"/> no <input type="checkbox"/> yes					
Recent change in symptoms <input type="checkbox"/> no <input type="checkbox"/> yes If yes, since when: _____		Maintenance Medication and adherence: <input type="checkbox"/> SABA <input type="checkbox"/> LABA/LAMA <input type="checkbox"/> LABA <input type="checkbox"/> LABA/ICS <input type="checkbox"/> LAMA <input type="checkbox"/> ICS/LABA/LAMA <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Sputum color: _____ <input type="checkbox"/> Sputum volume ↑ = ↓ <input type="checkbox"/> Dyspnea ↑ = ↓ <input type="checkbox"/> Fatigue ↑ = ↓ <input type="checkbox"/> Cough ↑ = ↓ <input type="checkbox"/> Other _____ <input type="checkbox"/> Signs of hypercapnia CAT: /40		Non pharmacological Rx: O2: _____ CPAP: _____ BIPAP: _____			
2. COVID-19 – If patient is feeling unwell, check other symptoms: <input type="checkbox"/> Fever ___ <input type="checkbox"/> Sore throat <input type="checkbox"/> Anosmia <input type="checkbox"/> Others _____ Contact with someone COVID-19 positive? <input type="checkbox"/> no <input type="checkbox"/> yes Tested for COVID-19? <input type="checkbox"/> no <input type="checkbox"/> yes If yes <input type="checkbox"/> positive <input type="checkbox"/> negative					
3. WRITTEN ACTION PLAN – no <input type="checkbox"/> yes <input type="checkbox"/> Instruction and any additional treatment: _____ Last time it has been used (date): _____					
4. RECENT ADMISSIONS AND EMERGENCY VISITS					Comments:
Hospital/ER	Where	Date	Length	Reason (Dx)	
5. COPD Self-management (healthy behaviors) – Integrated (patient has used it in his daily life)? Smoke-free environment yes no cannot tell Medication adherence yes no cannot tell Prevention/management of exacerbations yes no cannot tell Breathing control yes no cannot tell Stress management yes no cannot tell Physical activity and exercise yes no cannot tell Other yes no <i>Comments and what patient should prioritize based on his/her need:</i> _____					
6. MAIN ISSUES					
1.		2.		3.	
7. SUMMARY, INTERVENTIONS & PLAN					
(healthcare professional name & signature)					



COPD Foundation Educational Materials for patients



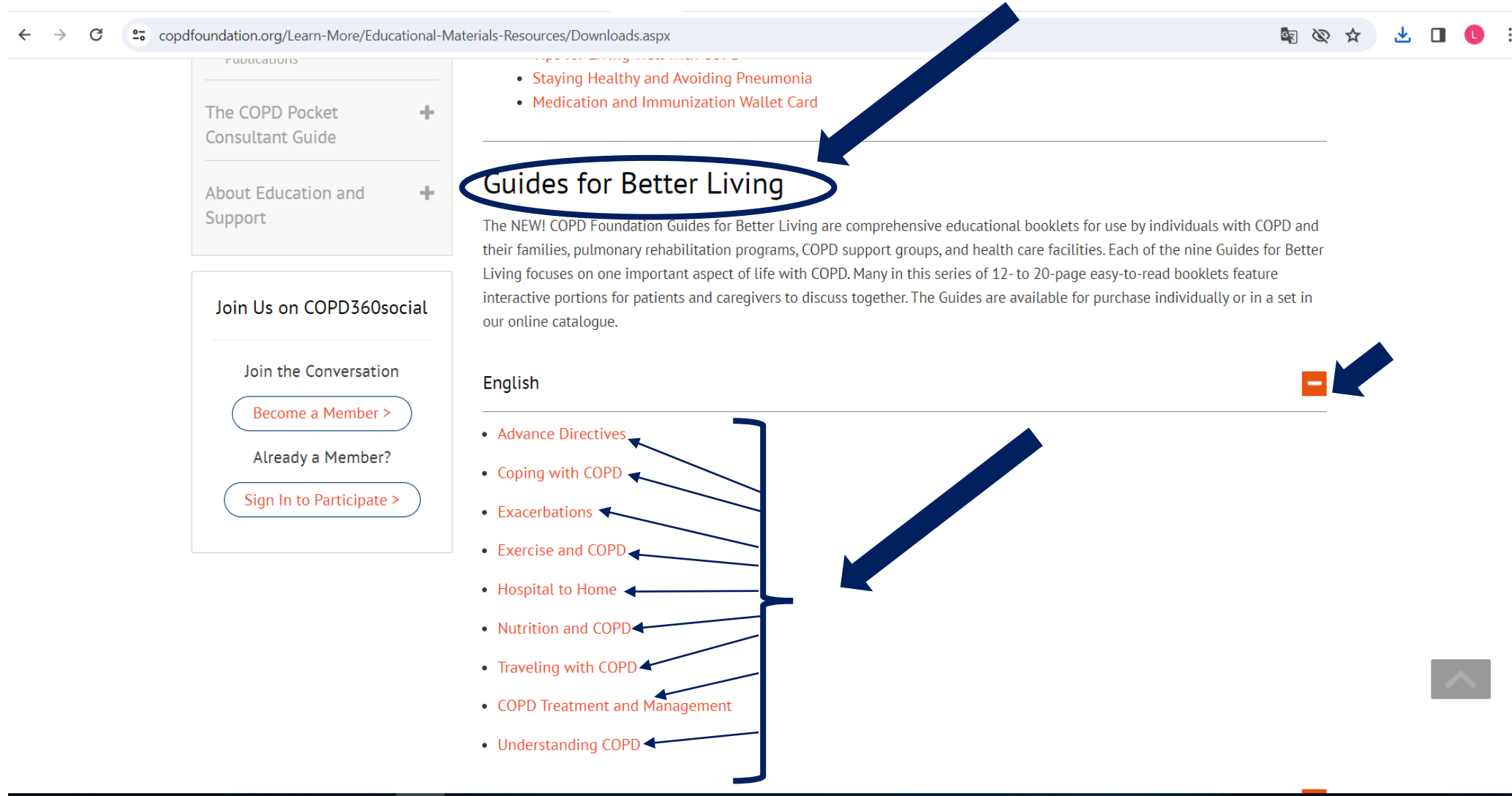
- The COPD Foundation Educational Materials websites have a variety of helpful booklets, leaflets and tools to help patients learn more about living and thriving with COPD - everything from the basics of lung disease to specific topics such as exercise and exacerbations (exacerbations).
- There are materials available for downloading to your computer, tablet or smartphone.

Guides for Better Living for COPD patients



- COPD Foundation Guides for Better Living are comprehensive educational booklets for use by individuals with COPD and their families, pulmonary rehabilitation programs, COPD support groups, and health care facilities.
- Each of the nine Guides for Better Living focuses on one important aspect of life with COPD. Many in this series of 12- to 20-page easy-to-read booklets feature interactive portions for patients and caregivers to discuss together.
- The Guides are available for purchase individually or in a set in our online catalogue.

Guides for Better Living for COPD patients



copdfoundation.org/Learn-More/Educational-Materials-Resources/Downloads.aspx

Publications

- The COPD Pocket Consultant Guide +
- About Education and Support +

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Staying Healthy and Avoiding Pneumonia

Medication and Immunization Wallet Card

Guides for Better Living

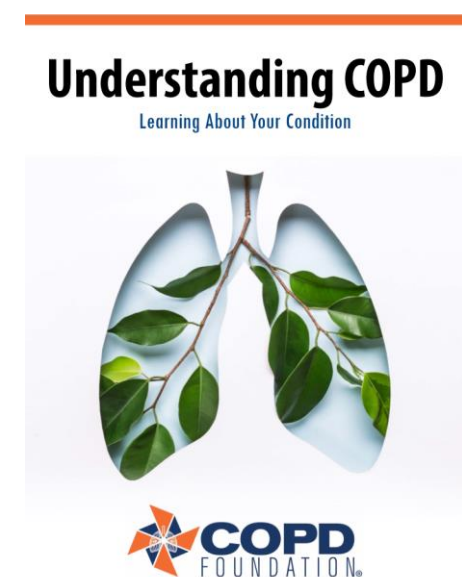
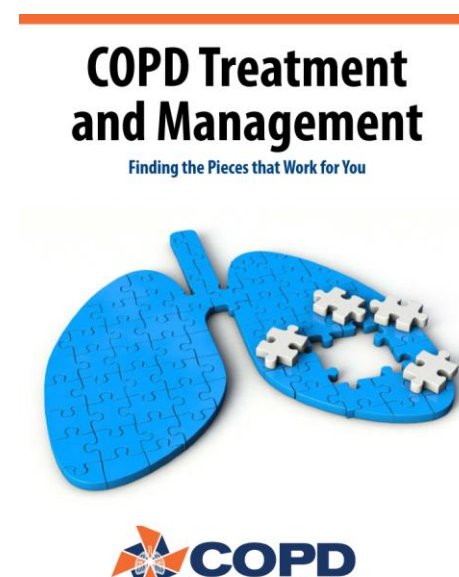
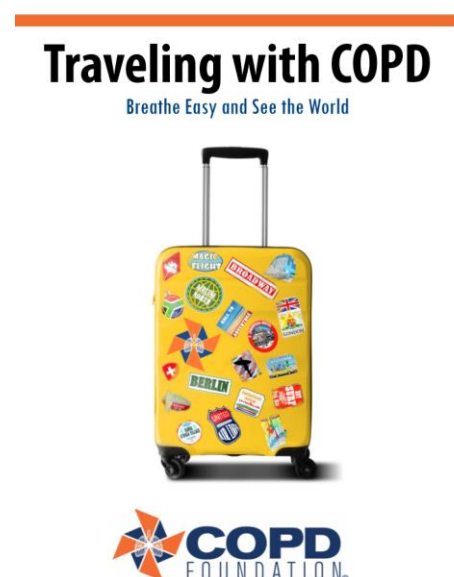
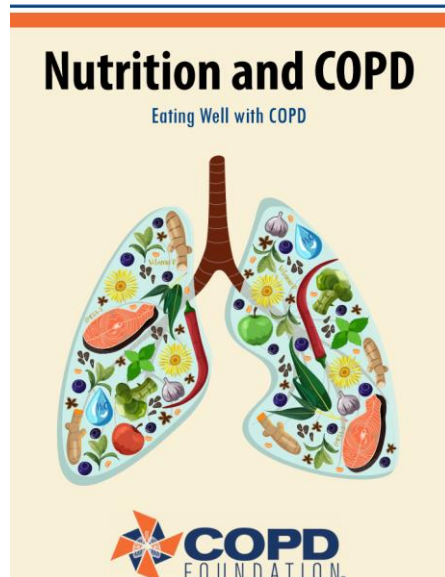
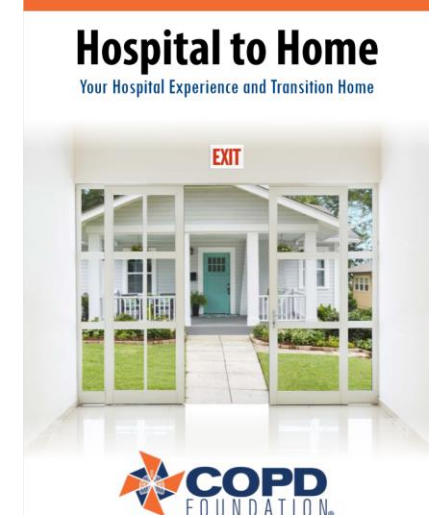
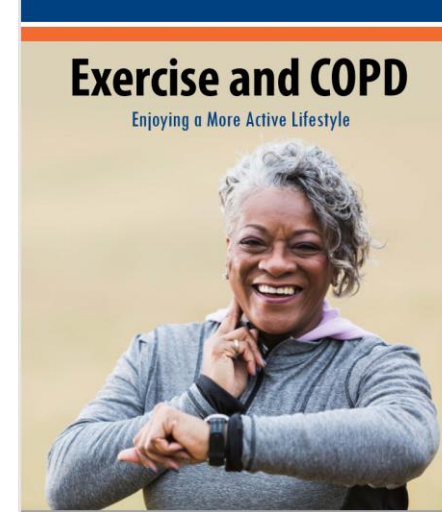
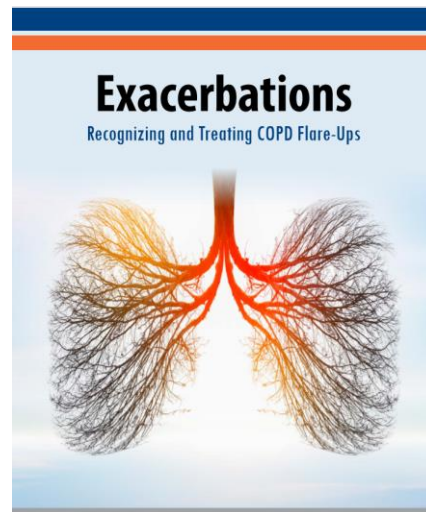
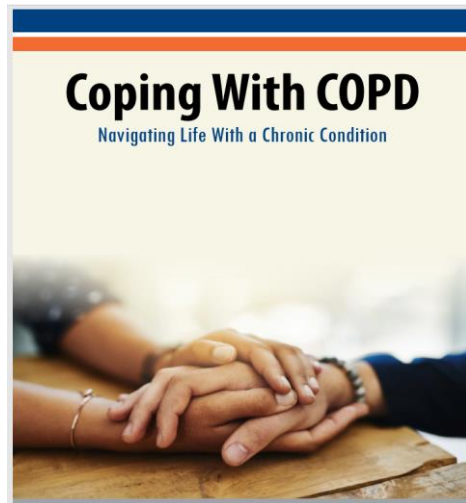
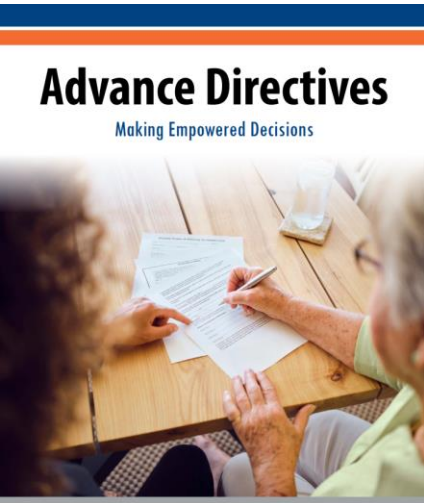
The NEW! COPD Foundation Guides for Better Living are comprehensive educational booklets for use by individuals with COPD and their families, pulmonary rehabilitation programs, COPD support groups, and health care facilities. Each of the nine Guides for Better Living focuses on one important aspect of life with COPD. Many in this series of 12- to 20-page easy-to-read booklets feature interactive portions for patients and caregivers to discuss together. The Guides are available for purchase individually or in a set in our online catalogue.

English

- Advance Directives
- Coping with COPD
- Exacerbations
- Exercise and COPD
- Hospital to Home
- Nutrition and COPD
- Traveling with COPD
- COPD Treatment and Management
- Understanding COPD

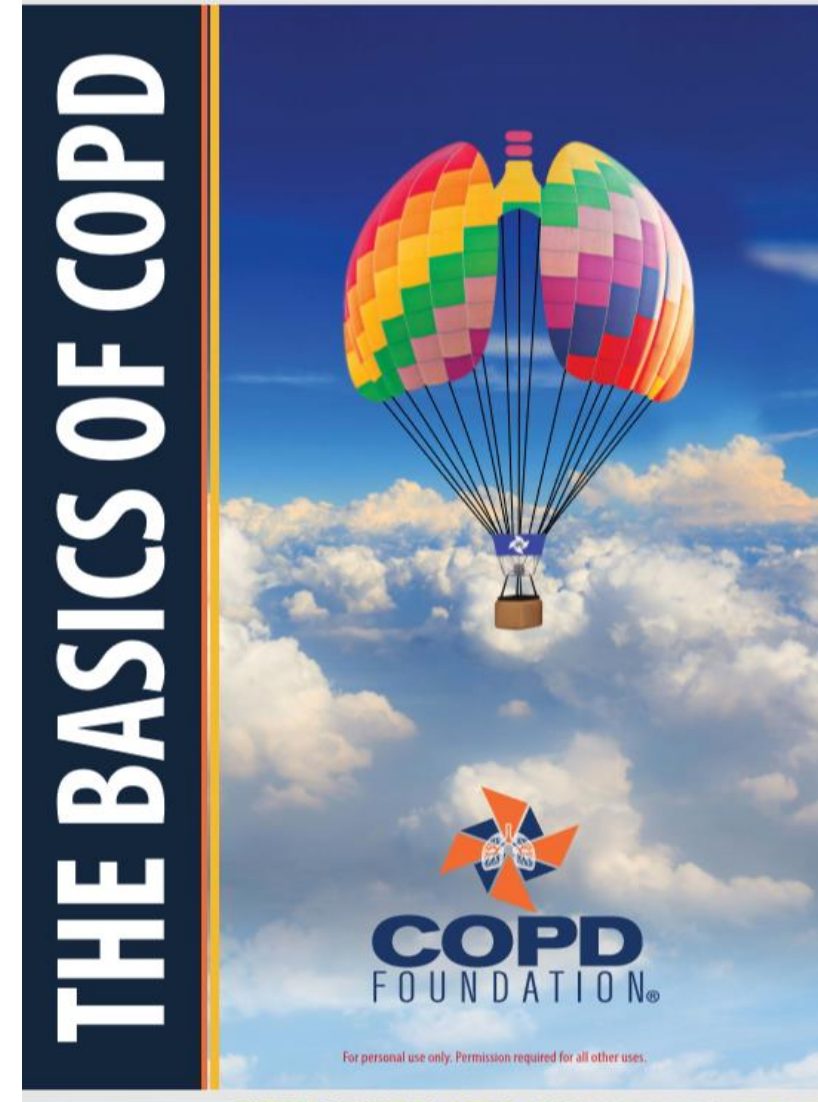
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Guides for Better Living for COPD patients



The Basics of COPD for patients

- The Basics of COPD contains helpful information for individuals new to COPD.
- This booklet covers many important topics, such as how COPD is diagnosed, treatment options, how to manage COPD symptoms and flare-ups, tips for living well with a lung condition, and how to cope with COPD.
- You'll also find a list of resources for more help managing your COPD.



COPD 101/201

➤ **COPD 101: Understanding the Basics of COPD**, covers introductory information about COPD and includes a screening tool and symptom tracker.

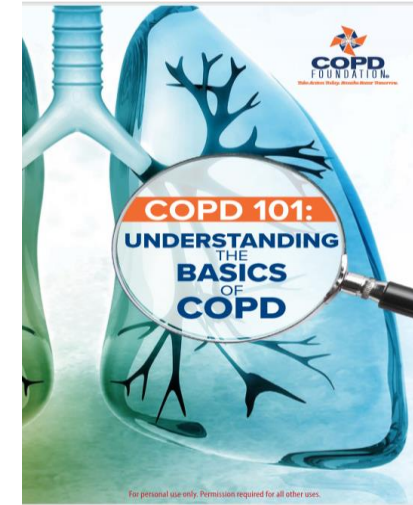


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➤ **COPD 201: Beyond the Basics**, will be of particular interest to those looking for more advanced information and covers topics such as medication, treatments, smoking cessation, nutrition, and co-existing conditions. It also includes a copy of My COPD Action Plan.

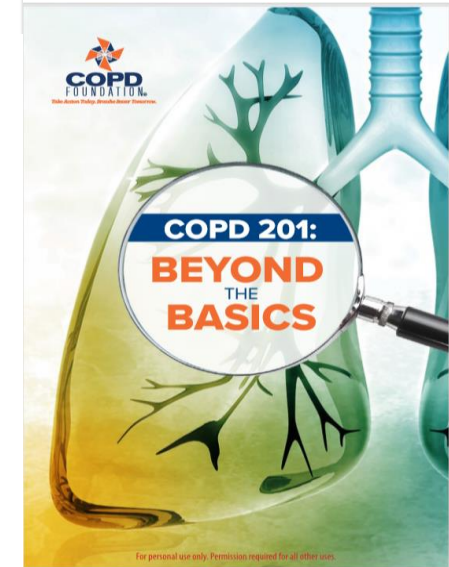
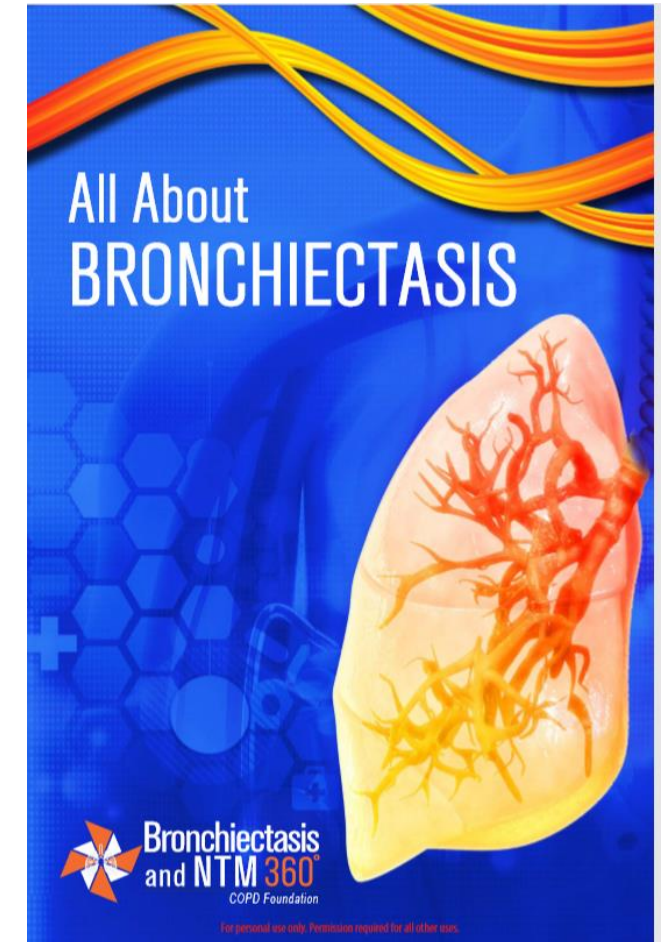


Table of Contents

All About Bronchiectasis

- All About Bronchiectasis contains helpful information for people with bronchiectasis.
- This booklet covers many important topics, such as how bronchiectasis is diagnosed, treatment options, tips for living well and reducing exacerbations, and how to find support for living with bronchiectasis.
- This booklet may also be beneficial to caregivers as well.



Oxygen Therapy Basics

- Oxygen Therapy Basics is intended to support individuals who are new to (or curious about) supplemental oxygen therapy.
- This guide covers the goals of oxygen therapy, oxygen equipment, safety, travel, and more.



COPD Pocket Consultant Guide (PCG)



- **The app.** The COPD Pocket Consultant Guide (PCG) app is built to support patients with COPD and their family members in self-management and to assist health care professionals in providing optimal care.
- The patient and caregiver track contains several helpful tools, including an interactive My COPD Action Plan and activity tracking calendar; inhaler, nebulizer and exercise videos; and a wallet card to track important information such as medications and immunizations.

COPD Pocket Consultant Guide (PCG)



COPD Assessment Test (CAT)

Also referred to as the Chronic Airways Assessment Test (CAAT)

SCORE

I never cough	0 1 2 3 4 5	I cough all the time	
I have no phlegm (mucus) in my chest	0 1 2 3 4 5	My chest is completely full of phlegm (mucus)	
My chest does not feel tight at all	0 1 2 3 4 5	My chest feels very tight	
When I walk up a hill or one flight of stairs I am not breathless	0 1 2 3 4 5	When I walk up a hill or one flight of stairs I am very breathless	
I am not limited doing any activities at home	0 1 2 3 4 5	I am very limited doing any activities at home	
I am confident leaving my home despite my condition	0 1 2 3 4 5	I am not at all confident leaving my home because of my lung condition	
I sleep soundly	0 1 2 3 4 5	I don't sleep soundly because of my lung condition	
I have lots of energy	0 1 2 3 4 5	I have no energy at all	

TOTAL SCORE

- A CAT score of 10 or more suggests significant symptoms.
- A change in CAT score of 2 or more suggests a possible change in health status.
- A worsening CAT score could be explained by an exacerbation, poor medication adherence, poor inhaler technique, or progression of COPD or comorbid conditions. An adjustment in therapy may be needed.
- Download the form at <https://copdfoundation.org/CAAT/>

The COPD Assessment Test was developed by a multi-disciplinary group of international experts in COPD supported by GSK. GSK activities with respect to the COPD Assessment Test are overseen by a Governance Board that includes independent external experts, one of whom chairs the Board. The COPD Assessment Test is made available by GSK for the benefit of patients and their healthcare providers. For information on how you can reproduce the COPD Assessment Test free of charge for research purposes, please read the Terms of the CAAT. COPD Assessment Test and the CAT logo are trademarks of the GSK group of companies. ©2009-2022 GSK group of companies or its license. All rights reserved. Please read the Terms of Use and Privacy Notice. Global Inhibitors Services (Birmingham) Registered in England. Company No. 01047315. Registered office: 380 Great West Road, Brentford, Middlesex, TW9 9GL, United Kingdom. ©2019/16. Date of preparation: August 2022. MO: GSK. (P) NCI 220001

mMRC Breathlessness Scale

Grade	Description of Breathlessness
0	I only get breathless with strenuous exercise
1	I get short of breath when hurrying on level ground or walking up a slight hill
2	On level ground, I walk slower than people of the same age because of breathlessness, or have to stop for breath when walking at my own pace
3	I stop for breath after walking about 100 yards or after a few minutes on level ground
4	I am too breathless to leave the house or I am breathless when dressing

A mMRC score of 2 or more suggests significant symptoms. Class Statement: The mMRC breathlessness scale. Occup Med (Lond) 2008;59(6):226-227 doi:10.1093/occmed/kqn162. Table 1. By permission of Oxford University Press on behalf of the Society of Occupational Medicine.

Vaccinations for people with COPD

- Influenza vaccination—Annual for all ages.** High dose, adjuvanted, or recombinant for those 65 years or older
- SaRS-CoV-2 (Covid-19) vaccination—All adults.** One dose bivalent vaccine plus additional dose for those 65 years or older, or who are immunocompromised.
- Pneumococcal Vaccines—All adults with COPD.** One dose of 20-valent pneumococcal conjugate vaccine (PCV-20); or one dose of 15-valent pneumococcal conjugate vaccine (PCV15) followed in 2 to 12 months by 23-valent pneumococcal polysaccharide vaccine (PPSV23)
- Tetanus and Pertussis—All adults booster every 10 years.** Tdap (dTap/aTPa) for pertussis (whooping cough) prevention
- Herpes Zoster (Shingles)—All adults with COPD, 2 dose series.** Recombinant vaccine with doses 2 to 6 months apart
- RSV vaccination—Recommended for those 60 years or older.** See CDC guidelines for dosing schedule and availability.

For the most current information on vaccines, consult the Centers for Disease Control and Prevention: www.cdc.gov/vaccines/schedules/hcp/schedule-app.html

National Quit Smoking Line: 1-800-QUIT-NOW (784-8660)

COPD Foundation Information Line: 1-866-316-COPD (2673)

COPD 360: <http://copd360social.org>

Inhaler instruction videos available: <https://copdfoundation.org/videos>

Free app: search "COPD Pocket Consultant Guide" in app store or Google Play.

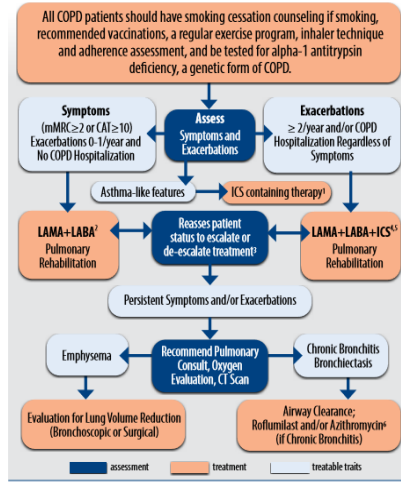
The COPD POCKET CONSULTANT is provided by the COPD Foundation as an educational resource only and should not be considered as offering medical advice. This information should not be used as a substitute for the exercise or receipt of a physician's independent professional judgement in providing advice, diagnosis or treatment for any medical or health condition.

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updated July 2023

THE COPD POCKET CONSULTANT 2023

COPD Foundation Guide A Simplified Approach to COPD Care



- If symptoms persist despite ICS containing regimen, check eosinophil level and consider adding leukotriene receptor antagonist and/or biologic.
- LAMA or LABA is a reasonable alternative but data suggests dual bronchodilators are more effective with no greater risk or additional side effects.
- Before considering any escalation of therapy be sure inhaler is being used correctly. Consider de-escalation from an ICS containing regimen to LAMA + LABA if 1 exacerbation and NO COPD hospitalizations over last year, especially if history of recurrent pneumonia, osteoporosis, cataracts, and metabolic issues <math>< 50</math>.
- The major role for ICS in COPD care is exacerbation prevention. The higher the eosinophil count, the more effective ICS may be. Avoid ICS in COPD if eosinophil count is persistently <math>< 100</math> unless ICS needed to control COPD with asthmatic features.
- ICS/LABA only indicated in COPD care in those with features of asthma or if LABA not tolerated.
- Roflumilast and Azithromycin in COPD setting are add-on therapies to an inhaler regimen.

➤ In the health care provider view, users can access the CAT and mMRC Breathlessness Scale; an evidence-based therapy flowchart; COPD medications lists; inhaler and nebulizer education videos; and much more.

Definitions

COPD is a heterogeneous lung condition characterized by chronic respiratory symptoms (dyspnea, cough, expectation) due to persistent abnormalities of the airways (bronchitis, bronchiolitis), alveoli (emphysema), and/or pulmonary vessels, confirmed by spirometrically determined airflow limitation and/or objective evidence of structural or physiological pulmonary dysfunction.

Spirometry—Airflow obstruction: FEV1/FVC ratio <math>< 0.7</math>

Chronic respiratory symptoms may precede the development of airflow limitations and may be associated with the development of acute respiratory events.

A significant proportion have structural evidence of lung disease manifested by the varying presence of emphysema, airway wall thickening and gas trapping.

Gell, R, Fabbi, L, Cinc, G, et al. "Definition and Nomenclature of Chronic Obstructive Pulmonary Disease: Time for Its Revision." Am. J. Respir. Crit. Care Med. 2022;206(11):1317-1325.

2023 GOLD Reports. Global Initiative for Chronic Obstructive Lung Disease. Accessed February 7, 2023. <https://goldcopd.org/2023-gold-report-2/>

Assess Treatable Traits

Regular symptoms: dyspnea at rest or exertion, cough, sputum. Use COPD Assessment Test (CAT) or mMRC Breathlessness Scale to follow course of disease.

Exacerbations: in COPD, an event characterized by dyspnea and/or cough and sputum that worsens over ≤ 14 days; two or more in the past year, especially if FEV1 <math>< 50</math> predicted suggests high risk.

Oxygenation: severe hypoxemia: resting O2 sat ≤ 88 or arterial pO2 <math>< 55</math> mmHg episodic hypoxemia: exercise or nocturnal desaturation.

Emphysema: reduced density on CT scan, can be localized, abnormal high lung volumes, abnormal low diffusion capacity.

Chronic bronchitis: cough, sputum most days for at least 3 months in at least 2 years.

COPD with features of asthma: role of ICS/LABA (otherwise not indicated in COPD).

Comorbidities: defining and treating comorbid conditions, particularly cardiovascular, anxiety and depression, are critical components of COPD care.

Alpha-1 Antitrypsin Deficiency (Genetic COPD): consider referral for replacement therapy.

• Adverse effects of treatment may require treatment modification: LABA-Anxiety, tremor, palpitations, hypokalemia; LABA-Dry mouth, obstructive uropathy, narrow-angle glaucoma; ICS-Voice changes, thrush, pneumonias.

• The higher the CAT score, the greater the exacerbation risk.

• COPD patients with FEV1 <math>< 50</math> should have O2 saturation assessed.

a. Resting O2 sats ≤ 88 merit assessment for Oxygen therapy.

b. COPD patients with O2 sats ≤ 88 should have arterial blood gas tested and if significant hypercapnea consider for sleep study and potential noninvasive ventilation.

• COPD patients with FEV1 ≤ 45 persistently symptomatic despite maximal medical regimen should undergo evaluation for lung volume reduction—bronchoscopic or surgical—and potential evaluation for lung transplantation.

• Annual low-dose CT scan for lung cancer screening ages 50-80 years with 20 packyears and cigarette smoking in last 15 years.

Drug	Inhaler (mcg)	Solution for nebulizer (mg)	Oral (Pill)	Typical Dosing
Beta 2 Agonists - Short Acting (SABA)				
Albuterol	90 (MDI)	0.63/3 ml 1.25/3 ml 2.5/3 ml		q4-6 hrs
Levalbuterol	45 (MDI)	0.63/3 ml 1.25/3 ml		q4-6 hrs
Beta 2 Agonists - Long Acting (LABA)				
Salmeterol	50 (DPI)			1 puff BID
Arformoterol		15 mcg/2ml		BID
Formoterol Fumarate		20 mcg/2ml		BID
Olopatolol	5 (SMI)			2 puffs daily
Anticholinergics - Short-Acting (SAMA)				
Ipratropium Bromide	17 (MDI)	0.5/2ml		q4-6 hrs
Anticholinergics - Long-Acting (LAMA)				
Tiotropium	18 (DPI)			2 puffs daily (1 capsule)
Tiotropium	5 (SMI)			2 puffs daily
Acclidinium Bromide	400 (DPI)			1 puff BID
Umeclidinium	62.5 (DPI)			1 puff daily
Glycopyrrolate		25 mcg/1ml		BID
Revefenacin		175 mcg/3ml		daily
Long-Acting Anticholinergic plus Long-Acting B2-Agonist (LAMA/LABA)				
Umeclidinium / Vilanterol	62.5/25 (DPI)			1 puff daily
Tiotropium / Olodaterol	5/5 (SMI)			2 puffs daily
Glycopyrrolate / Formoterol Fumarate	18/9.5 (MDI)			2 puffs BID
Acclidinium Bromide/ Formoterol Fumarate	400/12 (DPI)			1 puff BID
Short-Acting Anticholinergic plus B2-Agonist (SAMA/SABA)				
Ipratropium Bromide / Albuterol	20/100 (SMI)	0.5/2.5/3 ml		q4-6 hrs
Mucolytics/Expectorants				
NAC			600 mg	BID
Guafenesin			600-1200mg	BID
Methylxanthines				
Theophylline (SR)			100-600 mg	daily

Drug	Inhaler (mcg)	Solution for nebulizer (mg)	Oral (Pill)	Typical Dosing
Inhaled Glucocorticosteroids (ICS)				
Beclomethasone Dipropionate*				
	40, 80 (MDI)			2 puffs BID
Budesonide*	90, 180 (DPI)	0.25/2 ml 0.5/2 ml		BID
Fluticasone Propionate*				
	44-220 (MDI) 100, 250 (DPI)			2 puffs BID
Fluticasone Furoate*				
	100, 200 (DPI)			1 puff daily
Mometasone*	220 (DPI) 100/200 (MDI)			1-2 puffs BID 2 puffs BID
Ciclesonide*	80, 160 (MDI)			1-2 puffs BID
Inhaled Glucocorticosteroid plus Long-Acting B2-Agonists (ICS/LABA)				
Budesonide / Formoterol				
	80/4.5* 160/4.5 (MDI)			2 puffs BID 2 puffs BID
Fluticasone / Salmeterol				
	100/50* 250/50 500/50* (DPI)			1 puff BID 1 puff BID 1 puff BID
Fluticasone / Salmeterol MDI*				
	45/21 115/21 230/21			2 puffs BID 2 puffs BID 2 puffs BID
Fluticasone / Salmeterol*				
	113/14 (DPI)			1 puff BID
Mometasone Furoate / Formoterol Fumarate Dihydrate*				
	100/5 200/5 (MDI)			2 puffs BID
Fluticasone Furoate / Vilanterol				
	100/25 (DPI) 200/25* (DPI)			1 puff daily 1 puff daily
Fluticasone Propionate/ Salmeterol				
	250/50 (DPI)			1 puff BID
Inhaled Glucocorticosteroid plus Long-Acting Anticholinergic plus Long Acting B2-Agonist (ICS/LAMA/LABA)				
Fluticasone / Umeclidinium/ Vilanterol				
	100/62.5/25 (DPI)			1 puff daily
Budesonide/Glycopyrrolate/ Formoterol Fumarate				
	160/9/4.8 (MDI)			2 puffs BID
Phosphodiesterase 4 (PDE4) Inhibitor				
Roflumilast				
			250 mcg 500 mcg	daily

*DPI only approved for Asthma
MDI: Metered Dose Inhaler DPI: Dry Powder Inhaler SMI: Soft Mist Inhaler
CAAT—COPD Assessment Test; mMRC—Breathlessness assessment test; LABA—Long acting muscarinic antagonist; LABA—Long acting beta-2 agonist; ICS—Inhaled corticosteroid; NIM—Non-steroidal mycobacterial

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Disaster Preparedness Plan (DPP)



← → ↻ copdfoundation.org/Learn-More/Educational-Materials-Resources/Downloads.aspx

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Disaster Preparedness Plan (DPP)


The COPD Foundation Disaster Preparedness Plan (DPP) is a comprehensive resource for individuals and families impacted by chronic lung diseases, including COPD. This booklet will help you plan for emergencies and stay safe during a disaster event. You'll also find an interactive removable insert containing helpful forms, lists, and charts for making a disaster preparedness plan that is specific to your own needs. The DPP can also be found in the COPD Pocket Consultant Guide (PCG) app, available on the [Apple App Store](#) or [Google Play](#).

English 

- [Disaster Preparedness Plan Booklet](#)

Supplemental Forms

- [My COPD Action Plan](#)
- [Stay Kit Checklist](#)
- [Go Kit Checklist](#)
- [Disaster Plan Contact List](#)
- [My Disaster Preparedness Plan Chart](#)
- [For My Next Visit Checklist](#)

Español (Spanish) 

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COVID-19 Defenses: What You Need to Know

- Testing positive for COVID-19 can be scary and overwhelming, and people with COPD are at higher risk for severe symptoms.
- While you should always discuss treatments with your health care provider, this poster covers currently-approved treatment options.

COVID-19 DEFENSES: What you need to know

Testing positive for COVID-19 can be scary and overwhelming. Fortunately, there are several treatment options to help you get through your illness! Currently approved treatments are shown below.

People with COPD or other lung conditions are at high risk for severe COVID-19 symptoms. That risk can be lowered by starting treatment quickly. The treatment you receive will depend on what is available in your area and what is best for your situation. **ALWAYS** speak with your health care professional before starting **ANY** treatment!

TREATMENT FOR COVID-19 MAY HELP:

- Prevent symptoms from getting worse.
- Avoid having to stay in the hospital.
- Lower the chance of needing a ventilator to help you breathe.

GET VACCINATED!

The best defense is a good offense! Available COVID-19 vaccines are safe, effective, and remain the best option for most people to fight COVID-19.

ANTIVIRAL PILLS

These prevent the virus that causes COVID-19 from making copies of itself inside your body. They can be taken at home, but should be started within 5 days of your first symptoms.

REMDESIVIR

This medication also stops the virus from making copies of itself but is usually given inside the hospital with an IV infusion. It may also be given at an infusion center.

CONVALESCENT PLASMA

This is another treatment that is given in the hospital. It is made of blood plasma taken from people who have recovered from COVID-19, and contains natural antibodies to stop the virus in its tracks.

BE CAREFUL!

Be aware that people have been seriously hurt and have even died after taking medicines not approved for COVID-19, even if they're approved for other illnesses. This includes things like ivermectin and hydroxychloroquine.

EVERYONE diagnosed with COVID-19 should follow some basic recommendations:

- Isolate from other people for 5 days to prevent spreading the virus to others (including family).
- Monitor your symptoms closely.
- Stay hydrated and get plenty of rest.
- If you go out for medical care, be sure to call ahead and tell your provider you may have COVID-19.

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Information adapted from www.cdc.gov/covid19.
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The Impact of Smoking

- This flyer highlights the benefits and importance of quitting smoking at any age.
- Learn about tools to help you quit smoking as well as risk factors for COPD in this double-sided flyer.



IT'S NEVER TOO LATE TO TAKE A DIFFERENT PATH
Quit smoking today and slow the progression of your COPD

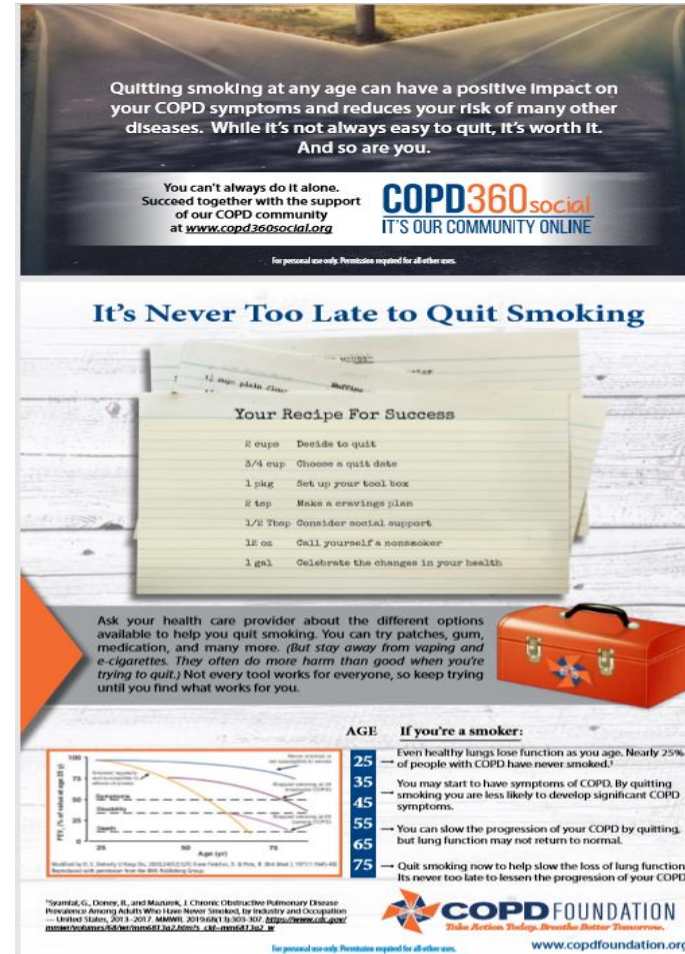
CHANGE ROUTINE

Quitting smoking at any age can have a positive impact on your COPD symptoms and reduces your risk of many other diseases. While it's not always easy to quit, it's worth it. And so are you.

You can't always do it alone. Succeed together with the support of our COPD community at www.copd360social.org

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IT'S OUR COMMUNITY ONLINE

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It's Never Too Late to Quit Smoking

Your Recipe For Success

- 2 cups Decide to quit
- 3/4 cup Choose a quit date
- 1 pkg Set up your tool box
- 2 tsp Make a cravings plan
- 1/2 tsp Consider social support
- 1E oz Call yourself a nonsmoker
- 1 gal Celebrate the changes in your health

Ask your health care provider about the different options available to help you quit smoking. You can try patches, gum, medication, and many more. (But stay away from vaping and e-cigarettes. They often do more harm than good when you're trying to quit.) Not every tool works for everyone, so keep trying until you find what works for you.

AGE If you're a smoker:

- 25** Even healthy lungs lose function as you age. Nearly 25% of people with COPD have never smoked!
- 35** You may start to have symptoms of COPD. By quitting smoking you are less likely to develop significant COPD symptoms.
- 45**
- 55** You can slow the progression of your COPD by quitting, but lung function may not return to normal.
- 65**
- 75** Quit smoking now to help slow the loss of lung function. It's never too late to lessen the progression of your COPD.

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My COPD Action Plan



- It can be very helpful to have an action plan to follow when managing your COPD.
- This plan guides you when you're feeling well and when an exacerbation (flare-up) is starting.
- The COPD Foundation's My COPD Action Plan should be filled out the first time as part of a discussion with your health care provider, and then used daily or as often as you can.
- Remember to update it at least every six months.

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My Name: _____ Date: _____

My Doctor's Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

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Take Action Today. Breathe Better Tomorrow.

Please complete the section below. Bring all your medicines and inhalers along with a complete list to doctor's office visits. Think about your ability to perform these activities on a typical "green" day. Place one check mark in each column. In the last (blank) column write in an activity you would like to be able to do again. Check the box below it to show how difficult it is to do that activity now. Share this goal with you healthcare team and your family.

	CLEANING	MAKING MY BED	BRUSHING MY TEETH	BATHING/SHOWERING	WALKING	CLIMBING STAIRS	WORKING	SLEEPING	EXERCISING	COOKING	
I can do this											
I can do this w/minor limitations											
I struggle to do this											
I cannot do this											

Instructions: Work with your doctor to complete this section on special medications for use on your Yellow and Red days.

My Green Days

A Normal Day for Me

- My breathing is normal
- My cough and mucus are normal
- My sleeping is normal
- My eating and appetite are normal
- My activity level is normal

Take Action

- I will take all medications as prescribed
- I will keep routine doctor appointments
- I will use oxygen as prescribed
- I will exercise and eat regularly
- I will avoid all inhaled irritants & bad air days
- I will update my COPD Action Plan every 6 months

My Yellow Days

A Bad Day for Me

- I have a low grade fever that doesn't go away
- I have increased use of rescue medications without relief
- I have a change in color, thickness, odor or amount of mucus
- I am more tired than normal or have trouble sleeping
- I have new or more ankle swelling
- I am more breathless than normal
- I feel like I am catching a cold

Take Action

- I will limit my activity and use pursed-lips breathing
- I will take regular medications as prescribed
- I will report these changes to my doctor today
- I will start special medications* prearranged with my doctor which includes: _____

My Red Days

A Bad Day When I Need Help Right Away

- I have disorientation, confusion or slurring of speech
- I have severe shortness of breath or chest pain
- I have a blue color around my lips or fingers
- I am coughing up blood

Take Action

- I will call 911 right away
- I will start these special medications*: _____

* If symptoms are not improved in one day after taking special medications, consult your doctor. The contents of My COPD Action Plan is for information purposes only and is not intended to be a substitute for professional medical advice, diagnosis or treatment.


My COPD Action Plan can be used daily and should be updated every 6 months.
Next update _____

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Tips for Living Well with COPD

- It's important for individuals with COPD to stay healthy and enjoy their favorite activities.
- In the Tips for Living Well with COPD flyer, you will learn about tools, techniques, and resources to help you on your journey with COPD.
- You will also learn useful health and safety tips for managing your COPD.

Tips for Living Well with COPD



Health and Safety


- If you are a smoker, make a plan to quit.
- Vaccinations are important. Get a flu shot every year and talk to your health care provider about the pneumonia shot, COVID-19 shot, and other vaccinations.
- Eat a well balanced diet and maintain a healthy weight.
- Notify your health care provider at the first sign of an infection or exacerbation (flare-up).
- Take medications exactly as prescribed.
- Avoid people who are sick.
- Wash your hands often or use hand sanitizer and avoid touching your face.
- Avoid breathing in allergens and irritants, including secondhand smoke.
- Talk with your health care provider about activity, exercise, and pulmonary rehabilitation.
- If you use supplemental (extra) oxygen, use it as prescribed.
- See your doctor at least once or twice per year, even if you feel well.
- Talk about your feelings with a friend, family member, or support group. If you feel overwhelmed, talk to a mental health professional.
- If you plan to travel, talk to your health care provider in advance about your trip goals and plans.

Tools and Techniques


- If you have trouble clearing mucus, ask your health care professional about coughing techniques and devices that help clear your lungs.
- Used pursed lip breathing when you feel short of breath.
- Monitor your health status with the COPD Assessment Test (CAT).
- Complete the My COPD Action Plan with your health care provider and keep it handy.
- Learn more about advance directives so your end-of-life wishes will be honored.

Resources for Individuals with COPD

- For more information on these topics, visit our website at www.copdfoundation.org.
- Download the COPD Foundation Guides for Better Living series at copdf.co/guides.
- For more support on your journey with COPD, visit our online community, COPD360social at www.COPD360social.org.
- Find more helpful tools in the COPD Pocket Consultant Guide app for smartphones. Download the app for free on Google Play or Apple's App Store.




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Staying Healthy and Avoiding Pneumonia

- This one-page fact sheet focuses on preventing pneumonia in individuals with COPD.
- This flyer will give you helpful tips and tools for staying healthy, avoiding illness, and recognizing early warning signs of an infection or flare-up.



**Staying Healthy
and
AVOIDING
PNEUMONIA**


Smokers, adults over age 65, and people with chronic health conditions such as COPD, bronchiectasis, and NTM lung disease are at greater risk for developing pneumonia.

Recent studies show that some types of pneumonia can be more severe in men than in women.¹

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¹ Barbagelata E, Cillóniz C, Domínguez C, Torres A, Nicolini A, Solís J. Gender differences in community-acquired pneumonia. *Microbes Med.* 2020 Apr;11(2):153-163. doi: 10.22790/2020-4036.20200446-4. [pub 2020 Mar 12; PMID: 32166931]

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What is PNEUMONIA?

Pneumonia is an infection of the air sacs in one or both of your lungs. It is important to recognize the early warning signs of pneumonia so it can be treated right away.

What causes PNEUMONIA?

Pneumonia is commonly caused by bacteria and viruses. These germs generally enter your body through your mouth or nose and then settle into the air sacs of your lungs. There they can grow and spread, causing the air sacs to fill with fluid. Your risk of developing some types of pneumonia can be decreased by taking a vaccine (shot) such as:

- Influenza (Flu)
- Measles
- Pneumococcus
- Haemophilus influenzae type b (Hib)
- Pertussis (whooping cough)
- COVID-19

Some people with suppressed immune systems may have pneumonia that is caused by other organisms including fungi. These are called "opportunistic" infections.

What are the symptoms of PNEUMONIA?

Some pneumonia symptoms are similar to other infections that cause COPD exacerbations (flare-ups). Contact your health care provider if you experience one or more of the following symptoms:

- Fever or chills
- Changes in the color, thickness, or amount of mucus
- Shortness of breath or more rapid breathing
- Feeling your heart racing or pounding
- Nausea, vomiting, or diarrhea
- Chest pain when taking deep breaths
- New or worsening cough

Fever and chills are much more common with pneumonia than bronchitis.

How can I avoid PNEUMONIA?

- Avoid touching your face. This prevents germs from entering your body.
- Get a flu shot every year and talk to your health care provider about a pneumonia shot.
- Wash your hands often or use alcohol-based hand sanitizer.
- See your health care provider twice per year, even if you feel well.
- Consider wearing a mask and staying away from crowds especially during cold and flu season.
- If you are a smoker, quit. Smoking makes it harder for your body to fight an infection.
- Complete the My COPD Action Plan with your health care provider and follow it daily.

Preventing pneumonia is an important part of managing your COPD. Watch for early warning signs of an infection or flare-up. Follow your My COPD Action Plan and contact your health care provider if you experience new or worsening symptoms.

For more information on how to prevent pneumonia, visit the COPD Foundation website at <https://copdf.co/COPD-Pneumonia>.

Visit the COPD Foundation website for free access to download:


- The My COPD Action Plan at copdf.co/my-copd-action-plan.
- Tips for Living Well with COPD at <https://copdf.co/252PIAs>.
- The COPD Guides for Better Living Exacerbations booklet at copdf.co/guides.

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Medication and Immunization Wallet Card

- It is important to keep a list of your medications and immunizations handy.
- Fill out this wallet card and carry it with you.
- Be sure to update it periodically.

Medication Record For:	
Name	_____
Date	_____
	
Vaccines	
Vaccine:	Date(s):
Pneumonia	_____
RSV	_____
Flu	_____
COVID-19	_____
Manufacturer:	_____
Pertussis	_____
Shingles	_____
COPD Medications	
_____	_____
_____	_____
_____	_____
_____	_____
Other Medications	
_____	_____
_____	_____
_____	_____
_____	_____
Medication Allergies	
_____	_____
_____	_____
_____	_____
_____	_____

WALLET CARD

Wallet cards can be helpful for organizing your medication information and sharing it with others. Fill out this wallet card, cut it out, and carry it with you.

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THANK YOU FOR YOUR ATTENTION!