

Useful Numbers

COPD Team 01255 206244 (Mon-Fri 9-5)

Home Oxygen Service 01255 206244 (Mon-Fri 9-5)

Pulmonary Rehabilitation 01255 206244 (Mon-Fri 9-5)

BOC (Oxygen Supplier) 0800 111 333

Colchester Hospital 01206 747474

British Lung Foundation 0300 003 0555
www.blf.org.uk

NHS Choices www.nhs.uk

Ace Lifestyle Service 0800 022 4524

Weight management and increasing physical activity

Provide lifestyle service 0300 303 9988

Smoking Cessation, healthy eating and lifestyle support

Health in Mind 0300 330 5455

NHS organisation providing courses and other types of therapies that help with stress, anxiety and low mood. Whatever the reasons are for feeling down, relationships, money or work, they offer a service that may help you feel positive again. www.northessexiapt.nhs.uk

My Social Prescription 0800 7311 655

Connects you to voluntary groups and volunteering activities for support such as transport, social and friendship groups. Call or email msp@community360.org.uk to find out more.

On request, this publication can be supplied in alternative formats including large print, Braille, audio tape and disk. We can also translate the Information into languages other than English. This publication is also available on our website.



My COPD Record and Self Management Action Plan

Patient Held Record

**Please bring this record card with you
to all of your appointments**

My GP/Practice Nurse is.....

Telephone Number.....

Designed by Anglian Community Enterprise (ACE)
Community Interest Company Respiratory Services

Service provided by:



Your Details

Name	
Date Of Birth	
NHS Number	
GP	
GP Telephone	
Next of kin name and telephone number	
Drug allergies	

COPD

Chronic Obstructive Pulmonary Disease is a term used to include chronic bronchitis, emphysema and chronic asthma.

There is swelling or inflammation in the breathing tubes (airways or bronchi) which results in persistent damage.

The breathing tubes become narrowed and cause obstruction to the flow of air in and out of the lungs.

COPD can also affects the body's ability to absorb air from the lungs.



Helpful tips:

- Try to make sure that your family, friends or work colleagues know that it can take some time for you to answer the phone.
- Ask them to let the phone ring for a longer time so that you do not have to rush to it.
- Try to make sure that you are sitting down comfortably before you pick up the phone and take a moment to 'catch your breath' before starting your conversation.
- If you find you become breathless whilst talking on the phone or in conversation, try to talk in short sentences.
- Pause after each sentence rather than talking quickly and for a long time before taking a breath.



Bending

Bending from the waist makes breathing very difficult and can cause breathlessness, try to reduce how often you bend over by using appropriate aids such as grip bars and 'helping hand' grabbers.



Helpful tips:

- Ease yourself into a crouching position, keeping your back straight and bending from the knees, rather than from the waist. This allows you to keep your chest upright and your shoulders back which will allow you to breathe as comfortably as possible.
- You will need something secure to hold on to such as a table or sofa, as you ease yourself into this position. This will provide extra support and give you something to push against as you stand.
- If you need to work at a level below the waist, emptying the washing machine or a cupboard, or whilst gardening, use a low stool and sit, rather than bend.
- Don't forget your 'Blow as you go' technique, this can help when you are bending down.

Talking on the telephone

Rushing to answer the telephone before someone hangs up or finding that you have to stand to talk can make breathlessness worse.

Your COPD support contract

1. If possible you will have your diagnosis confirmed by lung function testing performed by a qualified person.
2. You will be supported and promoted to manage your COPD and will be actively involved in your care with opportunity to discuss how you wish to be treated
3. You will be offered help and support to stop smoking if you are currently doing so
4. You will be informed of the importance of keeping active and provided with the opportunity to partake in a pulmonary rehabilitation programme if appropriate.
5. You will be advised on how and when to take your medications.
6. We will enable you to recognise an exacerbation early and treat them in a timely and appropriate manner.
7. You should have an annual review performed by either your Doctor, Practice Nurse Specialist or the COPD team to review your lung function, medication and self management



Who Has Reviewed Me

DATE	NAME	ORGANISATION	COMMENTS

Pacing your breathing during activity

Walking and managing slopes and stairs

You may be anxious about tackling stairs or walking up slopes especially if these have caused you shortness of breath in the past.

You can use your breathing techniques whilst you walk, climb stairs or undertake any kind of activity. This can help control your breathing and breathlessness and therefore enable you to do more.



Helpful tips:

- Match the rate of your breathing with your walking pace., for example breathing in for one step, and breathing out on the next two steps.
- For stairs, you could breathe in for one step, and breathe out for two steps. Getting this right may take some practice, so take your time matching the right number of steps to your breathing so that breathing feels comfortable
- Using 'Blow as you go' technique (see overleaf) for steps/ climbing stairs.
- PACE yourself and take your time, remember a moderate pace gets you further!
- After completing the stairs, rest and make sure you continue with your breathing control and pace to help you recover.



Using these techniques will help you to walk and climb stairs at a steady pace, It may also reduce the time you need to recover once you have reached the top of the staircase.



Standing

To ease your breathing when standing up, lean from the hips, with your forearms resting on something at the right height. For example using chairs, window sills, garden walls or kitchen work surfaces are often of a suitable height.



Alternatively you can lean your back up against a wall, with your feet hip width apart. Relax your shoulders and let your arms hang loosely by your sides.



Helpful tips:

When you're standing or walking, try putting your hands on your hips, in your pockets, or stick your thumbs into your belt loops to support your arms without gripping. If you carry a shoulder bag, you can rest your arms on it.

Lying on the bed

Make a slope with 3 or 4 pillows. Lie high up on these pillows, with the whole of your side supported. Knees should be slightly bent. Alternatively, you can lie on your back with your head and knees supported by pillows.



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Positions of Ease

When breathing becomes difficult, there are several positions that may help you get control of your breathing with minimal effort. The best positions are the ones which need the least energy or effort. If you tense your shoulders and grip onto things when you are breathless, you're wasting energy (and oxygen). You may find some of the following positions helpful:



Helpful tips:

Using a walking aid (walking stick, or a wheeled walking frame) may help you find one of these comfortable postures when you are out and about. Some people find pushing a shopping trolley helps with their breathlessness.

Sitting

Sitting uses less energy than standing up. You may find it useful to lean forwards, resting your forearms on your knees, or on the arms of a chair or table.



You can also rest your head and arms on pillows on a table when you feel really short of breath.



Breathing Techniques

Try these techniques gently, and in your own time. You can use all of these techniques if you like, and combine them together if you find that it helps. Try to find which techniques work for you best.

Pursed-lip breathing

Breathing out with your lips pursed, as if you were whistling. This may help to slow your breathing rate, and helps to make your breathing more efficient.

Pursed lip breathing technique

1. Relax your neck and shoulder muscles.
2. Breathe in (inhale) slowly through your nose for two counts, keeping your mouth closed. Don't take a deep breath; a normal breath will do. It may help to count to yourself: inhale, one, two.
3. Pucker or "purse" your lips as if you were going to whistle or gently flicker the flame of a candle.
4. Breathe out (exhale) slowly and gently through your pursed lips while counting to four. It may help to count to yourself: exhale, one, two, three, four.



With regular practice, this technique will seem natural to you.

'Blow as you go!'

Breathing out when you are making a big physical effort, for example when:

- Bending down
- Reaching up
- Standing up
- Going up a step or stair/s
- Or during the hardest part of any physical action you may be under-taking.

Who Has Reviewed Me

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Clinical Observations

BP = Blood Pressure; HR = Heart Rate; SaO2 = Oxygen levels; RR = Respiratory Rate

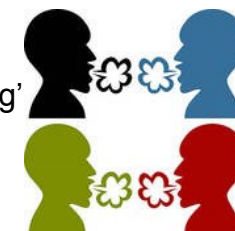
DATE	BP	HR & Rhythm	SaO2	Temp	RR	MRC	CAT

Simple 'Breathing Control' Exercise

When you live with breathlessness, it is important that you learn how best to control your breathing so that you can help yourself in times of difficulties.

The best way to learn how to control your breathlessness is to practice a technique called 'Breathing Control'. 'Breathing control' is gentle breathing using the lower part of your chest, with your chest and shoulders relaxed. It can help by, making your **breathing easier**, allowing **energy to be used more effectively** and can encourage your **breathing pattern** to return to normal.

1. Find a quiet place free of distractions.
2. Obtain a comfortable position in either sitting or standing. You can use the 'Positions of ease' described in the next section
3. Loosen any tight clothing.
4. Concentrate on relaxing your shoulders, resting your hands in your lap or on the arms of the chair. Turn your palms upwards towards the ceiling to help release shoulder tension.
5. Regulate your breathing. Making sure that you take a slow breath in through your nose, and exhale fully through your mouth. Try to breathe out twice as long as you breathe in (e.g. inhale for 2 counts, and exhale for 4 counts)
6. You may find it helpful when you breathe out to 'sigh out', or you can use the 'Pursed-Lip Breathing' technique discussed in the next section.
7. Continue this pattern of rhythmic breathing until you feel your breathing rate gradually slowing down, and you feel more in control of your breathing rate.



Living with breathlessness

This information is based upon the experiences of people who live with breathlessness. It is aimed at helping you to manage your breathlessness.

The information will provide you with advice to help you manage your shortness of breath, minimising its effects upon your life, so that you can look forward to doing activities you enjoy.

What makes you breathless or cough?

Everybody has certain 'triggers' for their breathlessness and cough. It is therefore important that you try to reduce your contact with those elements, as it may help reduce your breathlessness or coughing episodes.

Some common irritants may be:

- Cigarette smoke
- Cleaning products
- Perfumes & deodorants
- Dust
- Pollens and moulds during peak months
- Pollution
- Cold air
- Dry air

Controlling your breathing

Often, breathlessness can lead a person to breathe with their upper chest and shoulders in a rapid and shallow manner. This type of breathing uses a lot of energy and causes considerable fatigue.

By controlling your breathing, you can produce a more relaxed and gentle breathing pattern. It involves **relaxing your upper chest and shoulders and breathing at a normal rate.**

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Deep breathing

This type of breathing will result in a deeper, more efficient breathing pattern. Take a slow, deep breath in, again feeling your tummy rise under your hand. The slower the better. Don't rush.

Huffing

Huffing is very similar to coughing, but without the same effort. Huffing helps to move the mucus up your airways. Open your mouth and huff out as if you were trying to steam up a mirror. Do it very gently and long enough to produce a slightly "crackly" sound.

This is one 'Breathing Cycle'

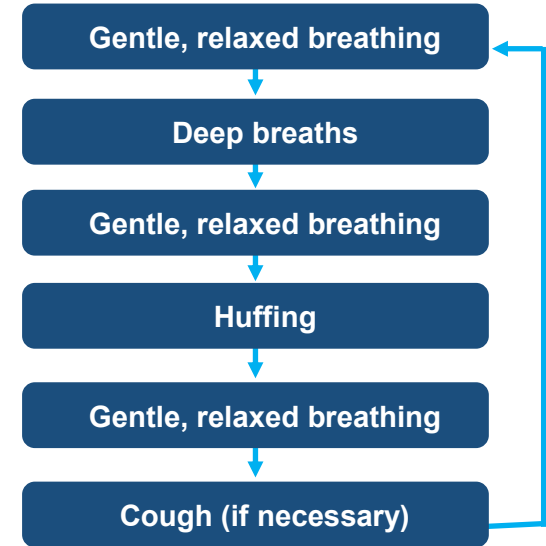
And now....

Repeat the above "Breathing Cycle". Make sure that you do not force your technique at any time.

Continue the cycle until you manage two whole "cycles", without producing any mucus after coughing.

Important:

Some people immediately start coughing up their mucus, but in others it takes much longer to clear. Make sure you give it enough time.



Chest Clearance Techniques

Mucus is normal. All healthy lungs produce mucus. It plays an important role in protecting the lungs against unwanted inhaled particles.

Mucus is produced within the airways. It is then transported back to the throat where you can cough it up.

However in COPD the lungs produce more mucus and/or the consistency of mucus changes. Usually this is combined with difficulties in the transportation of the mucus to the throat.

Coughing may then become a tiring task.

When you have problems clearing your mucus, it may cause the secretions to stagnate within the airways and get infected. It may also make you feel breathless.

It is therefore important that you clear your chest in an effective, effortless way.

This leaflet describes a breathing exercise that helps to clear mucus from your lungs efficiently, without causing you to feel exhausted at the end.

Active cycle of breathing technique

This breathing technique is a combination of three breathing components.

Gentle/relaxed/normal

This type of breathing will help you to relax your breathing and get control. Relax your shoulders and upper chest. Place your hand on your stomach and feel it rise under your hand when you breathe in. This type of breathing should not be deep.

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Amber Rescue Pack

Your rescue pack is a standby supply of medication to keep in your cupboard in case of an exacerbation/flare up (see Amber management plan).



Medication	Dose	Frequency	Advice
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<u>Antibiotic capsules/tablets</u> Amoxicillin 500mg capsules Or Doxycycline 100mg capsules (do not take calcium tablets, indigestion remedies, medicines with zinc or iron within 2 hours of taking Doxycycline)	1 capsule 2 capsules the first day 1 capsule a day thereafter	3 x daily daily	Standard duration of treatment is usually 5 days. However if you are known to have moderate—severe COPD +/- are known to the COPD team then you may be prescribed 7 days antibiotics and steroids instead.
<u>Steroid tablets</u> Prednisolone 5mg tablets	6 tablets	daily	If you are taking high doses of inhaled corticosteroids, and you become ill for any reason, be sure to alert the medical staff looking after you that you are using higher doses of inhaled corticosteroid as you may need additional corticosteroids. Your respiratory nurse will be able to give you more information.

If your symptoms do not show signs of improvement after 48/72 hours of starting the above treatment then contact your COPD team or GP for further support.

Spirometry

Spirometry is a form of lung function testing that can be used to grade severity of obstruction and helps guide medical management of COPD.

DATE	FEV1/FVC	FEV % Pred	FVC % Pred	Comments													

Frequency of Exacerbations/Infections

Use this page to keep a record of how often you become unwell with your COPD. Make a note of your symptoms, length of time you are unwell for and how you managed your symptoms to help guide the health professionals involved in your care.

Date	Symptoms	Comments

Oxygen

For patients with COPD the ideal target oxygen range is slightly lower than that of patients without airway disease. In some instances you may require supplemental oxygen to achieve this range. This will be arranged through specific testing and there will be close monitoring thereafter to ensure

Date	Prescription	Target SaO2

Known CO2 Retainer Yes / No / unknown



Green 'I feel fine'



- My sputum/phlegm is the normal colour for me
- My sputum/phlegm is the normal amount for me.....
- I can walk my usual distance on the flat.....
- I can walk my usual distance up an incline/stairs.....
- My appetite is normal for me.....

Amber 'I feel worse than usual'



- My sputum/phlegm is darker/thicker than usual
- I am producing more sputum/phlegm than normal
- I am more breathless walking on the flat
- I am more breathless walking up an incline/stairs
- I am more breathless doing normal activities
- My appetite is worse than normal
- I have symptoms of a cold/sore throat/coughing more than usual
- My sleep is more disturbed by my breathing
- I feel that my usual inhalers/medications are not working as well

Red 'danger signs'



- I am very short of breath when sitting still which is unusual for me
- I am unable to talk because of my breathlessness
- I have chest pain
- I have a high fever
- I am more confused/drowsy/agitated than usual
- My lips and/or fingers look blue

				Medication
				Dose
				Frequency
				Advice

Daily respiratory medication



				Medication
				Dose
				Frequency
				Advice

Daily respiratory medication

Green action plan



- Do not smoke or be around people who are smoking
- Keep as active as possible and exercise regularly
- Take all your medications and puffers as prescribed
- Have your flu jab yearly and pneumonia jab as advised
- Try to avoid stressful situations
- Maintain a healthy diet

Amber action plan



- If you have 2 or more of the amber alert signs then you should seek medical advice and start your rescue medications if advised to do so.
- COPD team 01255 206244 (Mon-Fri 9-5)
- Your GP Tel:
- NHS 111 out of hours

After speaking with any of the above you may consider changing your medication (see Amber rescue medication plan) and starting your rescue pack—see amber rescue pack information. You can also increase the use of your Salbutamol/Ventolin inhaler on a temporary basis.

Red action plan



If you have any of the ‘danger signs’ you need to ring 999 for an ambulance.



Daily respiratory medication

Medication	Dose	Frequency	Advice



Daily respiratory medication

Medication	Dose	Frequency	Advice

Daily respiratory medication

Medication	Dose	Frequency	Advice



Daily respiratory medication

Medication	Dose	Frequency	Advice