

Your **daily guide** to living with chronic obstructive pulmonary disease

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Each day -

As part of your daily routine:

- Make sure you use your inhalers and take all of your prescribed medication.
- Eat well. Try to have a balanced diet with plenty of fruit and vegetables.
- Drink at least four pints of water.
- Check for swelling in your feet, ankles and legs.
- Ask yourself if your breathing pattern is the same as normal.
- Balance exercise and rest; know your limits.

COPD traffic lights guide

Red - seek help

Phone 999 immediately and ask for an ambulance if:

- You are finding it hard to breathe even when you are sitting.
- You have chest pain.
- You've suddenly started to feel confused; things are unclear or not making sense.
- You have a high fever or temperature

If you are admitted to hospital, it is important that you, a family member or carer contacts your COPD nurse during your stay.

Amber

Contact your community COPD nurse or GP if:

- You have started coughing more than normal.
- You are more breathless than usual.
- You have lost your appetite.
- Have you started your standby medication.
- Your feet, ankles or legs are more swollen than usual.
- You sputum production has increased or it has changed in colour.
- You have a decrease in your usual activity.
- You have a temperature or a fever.
- You have had to use your Salbutamol inhaler more than usual.
- You feel more tired than usual and are sleeping a lot more.

Your COPD nurse is:

Phone:

Green

Your condition is stable if:

- Your breathing pattern is the same as it normally is.
- Your appetite remains the same.
- You **do not** need to use your Salbutamol inhaler more than usual.
- You **do not** have a new or worsening cough.
- Your sputum has **not** increased or changed colour.
- You **do not** feel more tired than usual.



The best approach to managing your COPD is a combination of both medical treatments and lifestyle adjustments.

Here are some top tips:

Manage your medicines

Managing your medicines will help you to manage your symptoms, which could help you to breathe more easily, give you more energy to increase your activity levels and reduce your risk of a chest infection.

There are medicines designed to alleviate the symptoms of COPD. Make an effort to know what you are taking, why you are taking them and any potential side effects.

What do your different inhalers do?

Bronchodilators - are used to open up your airways. You can usually feel the benefit of taking them quite quickly.

There are two types of bronchodilator medicine (both are inhalers):

- One is to relieve symptoms quickly (*rescue therapy*).
- One is to be taken every day to help keep the airways open (*maintenance therapy*).

Rescue therapy

- Taken as and when you need it to help you get your breath when your usual symptoms worsen
- Quickly helps you to breathe more easily
- Lasts about four to six hours.

Maintenance therapy

- Taken every day to help maintain control of your COPD
- May help to reduce the need for rescue medication
- Starts to work gradually and lasts from four hours up to a day
- Should be taken even if your breathing feels better as it will work to help keep your symptoms controlled.

Inhalers - an inhaler is a device that allows you to breathe in a drug straight into your lungs.

There are lots of different types of inhalers. They include:

- Metered-dose inhalers (or metered aerosols) known as MDIs
- Breath-actuated inhalers
- Dry powder inhalers (DPI).

Your doctor or nurse will decide which is the most suitable inhaler for you and will show you how to use it. It is important that you learn how to use your inhaler correctly so your medicine gets into your lungs.

You need to feel confident that you know how to use your inhaler, even when you are having a bad attack of breathlessness. If you're not sure of what to do then don't be afraid to ask your nurse or pharmacist.

Get the flu jab

Some people with COPD may be less able to fight off infections than others. Viral infections, such as flu, can be serious.

Your doctor or nurse should offer you the flu vaccine on a yearly basis. Contact them directly if you have any concerns about the vaccine or if you have not been offered it.

Diet and alcohol: you are what you eat

If you have breathing difficulties, healthy eating is part of managing your condition. This is very important, as excess weight means your lungs have to work harder. Being too thin can also be a problem. This can mean you start to lose muscle, including those muscles that help you to breathe. A healthy diet will also help to maintain your general health and help your body to cope better with your condition.

Eat a well-balanced diet, cut down on saturated fats and eat at least five portions of fruit and veg a day. If you need to lose weight consider lower fat versions of foods and dairy products. Be aware of your portion sizes.

You could visit:

www.nhs.uk/livewell/5aday/pages/portion-sizes.aspx or
www.nhs.uk/Livewell/Goodfood/Pages/eatwell-plate.aspx

Managing signs and symptoms

Medication and self-management can go a long way to improving your quality of life but your COPD can always potentially become unstable. More often than not this may be due to developing a chest infection.

Signs that your condition may be unstable include:

- Increased breathlessness
- Reduced exercise tolerance
- Worsening or new cough
- Changes in the colour or volume of your sputum
- Increased tiredness.

If you develop any of the above symptoms contact your doctor or nurse and follow these steps:

Step 1

Increase your reliever inhaler (*blue*). This will relieve breathlessness. Always use a spacer if you have one. It may be that you need to use this every two to three hours and you can have up to 10 puffs at one time if necessary.

Step 2

Start the stand-by antibiotics as prescribed by your GP.

Step 3

Take 30mgs prednisolone (6x5mg tablets) then take six tablets every morning for the next six days.

Step 4

Inform your healthcare professional and follow the [COPD Traffic Lights Guide](#).

Exercise and activity

Moderate exercise can be very beneficial to your lungs. It can improve your energy, stamina and fitness and this may help improve your symptoms and your ability to cope with them.

We recommend moderate aerobic activity, such as walking or cycling. We may invite you to a Pulmonary Rehabilitation programme. If appropriate this aims to help you improve your fitness through a structured path with realistic goals. Your GP will be able to refer you.

If during any activity you feel more breathless than usual, or if you feel unwell or are in pain, slow down and stop. Then tell your doctor or nurse what has happened.

Smoking

COPD is generally caused by smoking, though not everyone with COPD will have been a smoker. Giving up smoking is the single most effective way to prevent the development of COPD. If you have COPD, quitting can slow or even stop its progression.

There is a lot of help and support available from stop smoking groups or nicotine replacement products.

Talk to your doctor or nurse or you may wish to visit:

www.smokefree.nhs.uk or www.quit.org.uk.

Alternatively you can ring the NHS smoking helpline on **0800 022 4332**

Useful links providing further information and resources to people with COPD:

www.lunguk.org

www.nhs.uk/Conditions/Chronic-obstructive-pulmonary-disease/Pages/living-with.aspx

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www.berkshirehealthcare.nhs.uk