



# Learning Modules

# Objectives of COPD Education

To provide care teams knowledge to assess (identify) and manage residents living with COPD. The ultimate goals are to improve resident quality of life and reduce Emergency Room transfers through the reduction of exacerbations and other related complications

Adapted from the program

Living Well **COPD**<sup>™</sup>  
with

Chronic Obstructive Pulmonary Disease

*A plan of action for life*

*Livingwellwithcopd.com*

# Modules Overview

**Module 1:** What is COPD? *Symptoms, diagnosis and prevention*

**Module 2:** COPD Medications and Treatments

**Module 3:** Medication Techniques and Devices

**Module 4:** Oxygen Therapy for COPD

**Module 5:** Caregiver COPD Action Plan -The resident is feeling well

**Module 6:** Caregiver COPD Action Plan -The resident is feeling unwell

**Module 7:** Caregiver COPD Action Plan -The resident is feeling worse

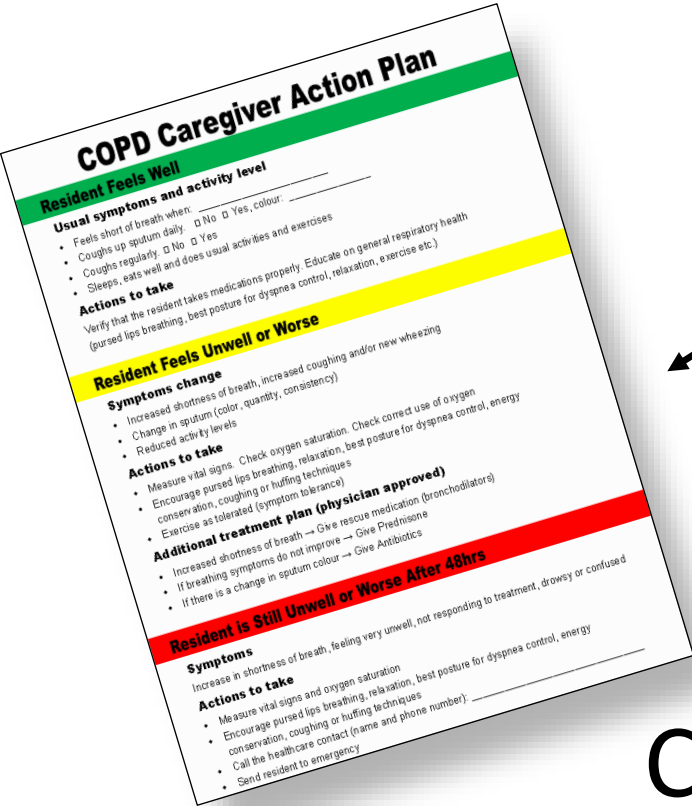
**Module 8:** End of life care for COPD

# Module 6

Topic:

Caregiver COPD Action Plan:  
The resident feels unwell or worse

Yellow section



# At the end of this module we will ask you :

1. What symptoms demonstrate that the resident is not well?
2. What rescue medication is prescribed for breathlessness?
3. Does being breathless mean the oxygen level is low?
4. Can steroid medication be taken while taking antibiotics?
5. Does conserving energy mean to stop participating in activities that contribute to breathlessness?

# The Resident Feels Unwell or Worse - Observations

Observe changes in symptoms and compare them to the usual symptoms (symptoms written in the green section of the action plan).

## Symptoms Change

- Increased Shortness of breath
- Increased coughing and/or new wheezing
- Change in sputum (color, quantity, consistency)
- Reduced activity levels

# The Resident Feels Unwell or Worse - What to do

Document breathlessness. Identify the reason for breathlessness. Consider comorbid conditions as a possible cause of breathlessness.

## Actions

- Measure vital signs
- Check O2 saturation and correct use of Oxygen
- Encourage pursed lip breathing, relaxation, best posture for dyspnea control, energy conservation, coughing or huffing techniques
- Exercise as tolerated (symptom tolerance)

# Clarifying Breathlessness

- Breathlessness can be caused by ...lots of things (it can be caused by eating a large meal)
- Breathlessness does not always mean the oxygen levels are low. It can be a normal response to exercise. (imagine running down the hall)
- If prescribed, residents should use rescue bronchodilators when experiencing breathlessness as it is primarily caused by a narrowing of the bronchial tubes
- Many people with COPD are always breathless, a change in their breathlessness is important



# Identify Contributing Factors of Worsening Symptoms

## Symptoms

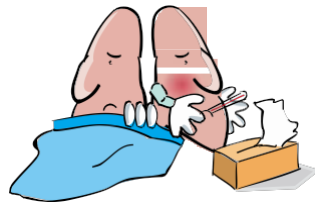
Increased shortness of breath

Increased sputum production

Increased coughing

Increased fatigue

Wheezing



## Indoor pollutants

- Cigarette smoke, household cleaning products, strong odours, dust

## Outdoor pollutants

- Exhaust fumes, gas fumes, smog

## Emotions

- Anger, anxiety, stress

## Changes in temperature

- Extreme heat or cold, wind, humidity

## Respiratory infections

- Cold, flu, bronchitis, pneumonia

# Encourage Body Position that Help Reduce Breathlessness

Supporting the arms offers relief to the respiratory muscles and helps the diaphragm move easier



# How to Clear Sputum

- A good coughing technique can remove sputum while using less effort
- It can prevent infection caused by an increase of sputum in the lungs. Clearing sputum is more difficult if the resident is dehydrated
- Sputum cannot cause harm if it is swallowed

## **Energy conserving coughing technique: Huffing**

1. Inhale deeply through the nose
2. Exhale in short-non-forceful burst while keeping the mouth open (like trying to make a mist on a window)
3. Repeat once or twice



# The Resident Feels Unwell or Worse - Treatment

- Fast acting bronchodilators should be offered right away and as often as every two hours or as prescribed by the doctor
- If symptoms do not improve, continue the additional treatment plan
- Do not wait more than 48 hrs to start prednisone or antibiotics

## Additional Treatment Plan (Physician Approved)

- Increased shortness of breath → Give rescue medication (bronchodilators)
- If breathing symptoms do not improve → Start Prednisone
- If there is a change in sputum color → Start Antibiotics

# Notes on Steroid Tablets (Prednisone)

- Steroid tablets do not strengthen muscles
- Steroid tablets or inhalers will slowly improve breathlessness by reducing inflammation of the bronchi
- Steroid tablets can increase residents appetite or cause difficulty with digestion
- They can be taken along with antibiotics
- Inhaled steroids should not be stopped if a resident is given steroids tablets



# Energy Conservation

“ You’re trying to do too much in too short of a time!”

- Residents with COPD often try to do everything at once fearing they will get too tired later on
- Learning to manage breathing when performing daily activities will minimize fatigue and shortness of breath
- Encourage and educate residents on making the most of their energy

# Tips for the Resident: Energy Conservation the Six “Ps”

- **Prioritize**: Select the activities that are the most important
- **Plan**: Energy conservation does not mean stop doing activities. It means stay active within ones limits
- **Pacing**: Offer frequent breaks. Divide the activity in steps
- **Pursed-lip breathing** when doing activities requiring effort
- **Positioning** the body with arms supported
- **Positive attitude**: Be patient. Keep a sense of humour

## Now we ask you:

1. What symptoms demonstrate that the resident is not well?

*Increase shortness of breath, increase in cough or wheezing, change sputum (color, quantity, consistency).*

2. What rescue medication is prescribed for breathlessness?

*Short acting bronchodilator.*

3. Does being breathless mean the oxygen level is low? *No.*

4. Can steroid medication be taken while taking antibiotics? *Yes.*

5. Does conserving energy mean to stop participating in activities that contribute to breathlessness? *No.*



Thank you for taking the time to learn  
more about residents who live with COPD

The next module – Caregiver COPD Action Plan:  
The resident is still unwell or worse after 48hrs

# Acknowledgements



***It takes a community to fix COPD***