



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**[™]
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

COPD Caregiver Action Plan

Resident Feels Well

Usual symptoms and activity level

- Feels short of breath when: _____
- Coughs up sputum daily: No Yes, colour: _____
- Coughs regularly: No Yes
- Sleeps, eats well and does usual activities and exercises

Actions to take

Verify that the resident takes medications properly. Educate on general respiratory health (pursed lips breathing, best posture for dyspnea control, relaxation, exercise etc.)

Resident Feels Unwell or Worse

Symptoms change

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

Actions to take

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

Additional treatment plan (physician approved)

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

Resident is Still Unwell or Worse After 48hrs

Symptoms

Increase in shortness of breath, feeling very unwell, not responding to treatment, drowsy or confused

Actions to take

- Measure vital signs and oxygen saturation
- Encourage pursed lips breathing, relaxation, best posture for dyspnea control, energy conservation, coughing or huffing techniques
- Call the health care contact (name and phone number): _____
- Send resident to emergency

Module 7

Topic:

Caregiver COPD Action Plan:

The resident is still unwell or worse after 48hrs

Red section

At the end of this module we will ask you:

1. How long should you wait to see if a treatment is working?
2. What word can be used as a synonym for “stressor”?
3. What are the three categories of stressors?
4. What are the three reactions to a stressor?
5. What are the four recommendations of how to break the cycle of anxiety-breathlessness?

The Resident is Still Unwell or Worse After 48h - Observations

Observe no improvement or worsening of symptoms.

Symptoms

- Increase in shortness of breath, feeling very unwell, not responding to treatment, drowsy or confused

The Resident is Still Unwell or Worse After 48h – What to do

Encourage the resident to use all techniques for improving breathlessness. Continue to monitor the resident.

Actions to take

- Measure vital signs and oxygen saturation
- Encourage pursed-lip breathing, relaxation best posture for dyspnea control, energy conservation, coughing or huffing techniques
- Call the healthcare contact person
- Send resident to emergency

Managing Anxiety: Understanding Stressors

Stressors are events or situations in everyday life that require us to adapt or make changes

Type of stressors

- **Personal change:** Illness progression, self-esteem, sleep, nutrition, finance
- **Environmental change:** Retirement, moving to a LTC home, being transferred to a hospital, ability to perform activities of daily living (dressing, showering, grooming)
- **Social change:** Family, illness of a spouse, friends

Reaction to Stressors

Fear: Normal reaction to a present danger or stressor

- *Symptoms:* Increased heart rate, shallow rapid breathing (similar to breathlessness in COPD), sweating, muscle tension

Anxiety: Constant worrying (negative anticipation) about a stressful situation usually related to a previous fearful experience

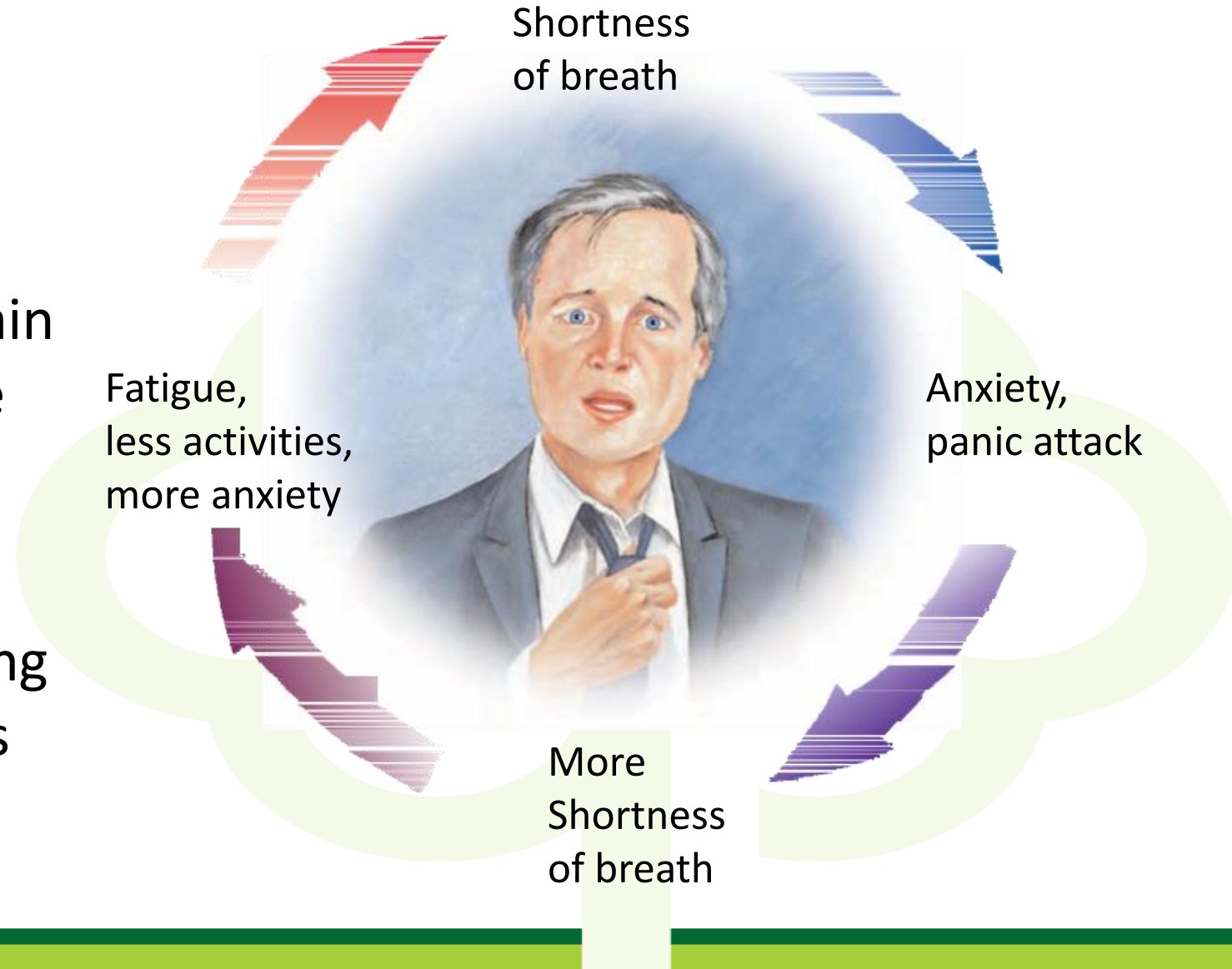
- *Symptoms:* Similar to the symptoms of fear with an increase in breathlessness at the start of a cycle

Panic attack: Sudden exaggerated irrational and uncontrolled anxiety or fear

- *Symptoms:* Similar to the symptoms of anxiety with trembling of the body, chest pain, fear of dying, paralyzing terror, tingling extremities

The Anxiety-Breathlessness Cycle

- Shortness of breath can cause anxiety and panic attacks
- Many COPD sufferers choose to stop doing certain activities because they are afraid of dying
- The less they do, the less they are able to do resulting in an increase of shortness of breath



Break the Cycle – Acceptance

- Coping with breathlessness and anxiety require a certain acceptance
- Breathlessness in COPD will never completely go away. However, regular practice of good positioning, pursed-lip breathing, relaxation and/or pacing activity can help residents cope better with anxiety and shortness of breath
- Having COPD is certainly not enjoyable, but being able to laugh at oneself can create a positive atmosphere and reduce anxiety - *suggest humour*

“Breathlessness leads to fear. Fear leads to Anxiety. Anxiety leads to more breathlessness. Breaks the cycle acceptance do.”



Now we ask you:

1. How long should you wait to see if a treatment is working before sending a resident to ER ? *No more than 48hrs.*
2. What word can be used as a synonym for “stressor”? *A change.*
3. What are the three categories of stressors?
Personal change, environmental change, social change.
4. What are the three reactions to a stressor? *Fear, anxiety, panic.*
5. What are the recommendations on how break the cycle of anxiety-breathlessness? *Acceptance, use techniques that reduce breathlessness, stay positive and use humour.*

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

The next module – End of life care in COPD

Acknowledgements



It takes a community to fix COPD