Living Well COPDTM with

Chronic Obstructive Pulmonary Disease

A plan of action for life

A Learning Tool for Patients and Their Families

Integrating a Plan of Action into Your Life

- Understanding What a Plan of Action is
- Identifying Your Symptoms, your treatment and what to do when you feel well
- Learning how to identify and manage an aggravation of your symptoms (exacerbation) in different situations

This guide belongs to:

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The skills you need to manage your COPD

COPD is a disease that can seriously affect every part of your life. Simple activities you once took for granted, such as taking a walk or getting dressed, can become major challenges. Flare-ups, or worsening symptoms – the main cause of hospitalization in people with COPD – can further affect your quality of life. Fortunately, there is a lot that you can do to overcome and prevent these limitations, and improve your well-being. This is why we have created this series of workbooks on COPD self-management.

How can this program help me with self-management of the disease?

This is an educational program in which you learn skills to manage your disease and adopt healthy new lifestyle behaviours. This series of workbooks is part of that program, based on real-life experiences.

Medical experts and patients with COPD – people just like you – worked together to update this program that you can customize for yourself. National and international guidelines agree that patient education and self-management are valuable for people with COPD.

We also tested this educational program as part of a clinical trial. And the results were very encouraging. Patients who used these workbooks in collaboration with their healthcare worker, "case manager" or resource person and physician had fewer hospitalizations and fewer emergency room visits. Their overall health also improved, enabling them to do more of the activities they enjoyed, and better cope with their disease.^{4,5}

This is your guide. Use it to write down your questions or concerns. Share it with people close to you so that they can understand what you are going through. Discuss whatever thoughts and feelings you have with your case manager or resource person and your physician.

Good luck with your program.

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Welcome to "Integrating a Plan of Action into Your Life" of the learning series Living Well with COPD

Living with COPD means being aware of changes in your symptoms and being prepared to manage them. For instance, would you know what to do in certain situations and who to call to get help?

This is the time to take what you have learned and apply it to your own life, on a day-to-day basis. It really helps improve things! In order to be ready, you will need to plan out your actions and that is exactly what this Module is all about: **Plan of Action**.

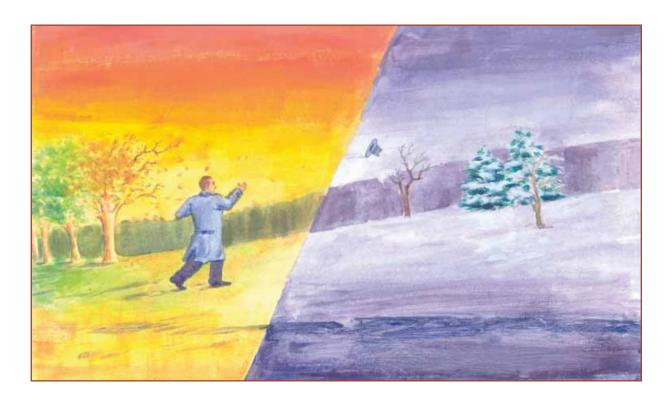
In this module you will learn to:

- ✓ Understand your Plan of Action
- ✓ Identify your resources
- ✓ Identify your usual symptoms, your regular treatment and what to do when you feel well
- Learn to recognize and manage an aggravation of your symptoms (exacerbation) caused by a respiratory infection
- ✓ Learn to recognize and manage an aggravation of your symptoms (exacerbation) in other situations
 - Exposure to Environmental Factors
 - Stressful Situations

This module will be your decision-making tool. Share it with someone close to you so they can understand what you are going through. Use it to write down any questions or concerns you have. And discuss whatever thoughts and feelings it gives you with your contact person at the health centre. This is your plan of action for life.



Getting Ready for Flu Season



When fall arrives, it is time to start thinking about the temperature change. You are worried about colds and flu. So you need to plan.

Are you getting your flu shot every fall? Have you ever received the pneumonia vaccine?

These vaccines are important for you because they help prevent the flu and related complications.

Recognizing your symptoms, when they become worse, and why

What are your everyday respiratory symptoms?
Have your symptoms gotten worse lately? What happened the last time they got worse? What did you do?

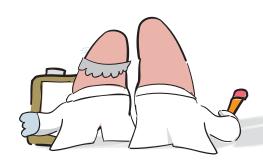
Look ahead and be prepared.

What things can cause your symptoms to get worse?

Now, you will learn how to manage your symptoms.

It is important that you know what-to do when your symptoms get worse.

This is your Plan of Action.



Plan of Action

Your **Plan of Action**⁷ plays an important part in your life as it will help you make key decisions in managing COPD, and especially when your symptoms get worse.

Your Plan of Action will help you to:

- Better recognize your everyday symptoms
- List what you are doing every day to remain well, including taking your medication as prescribed
- Recognize a worsening of your symptoms and the situations that can trigger it
- Know what to do to prevent a worsening of your symptoms and start an early treatment if that happens
- Know when and whom to call if your symptoms get worse or do not improve

A Plan of Action includes the following sections:

- Contact list
- I feel well
- I feel worse (additional treatment if needed)
- I feel much worse
- I feel I am in danger

Remember:

- If you use your **Plan of Action** properly, you will become more independent and feel more in control when your symptoms get worse!
- Your Plan of Action may make the difference between a trip to the hospital and treatment at home!



Let us create your contact list

An essential part of your Plan is to have the phone numbers of your contacts close at hand. These are the key people you can call when you have a problem with your symptoms or treatment. Write their names and numbers in the spaces below.

Contact List

Service	Name	Phone Number
Resource Person		
Family Physician		
Respirologist		
Pharmacist		



Let us look at your Plan of Action when you feel well

In order to be able to recognize changes in your symptoms, you first need to know what your usual symptoms are when you feel well.

In your	case,	which	are you	r usual	sympto	ms?		

To remain well use your plan of action to monitor your everyday symptoms, to take your regular medication as prescribed and to maintain healthy life habits.

I Feel Well

My Usual Symptoms					
I feel short of breath: I cough up sputum daily. □ No □ Yes, colour: I cough regularly. □ No □ Yes					
My Actions					
• I sleep and eat well, I do my usual activities and exercises					
My Regular Treatment is	5:				
Medication	Dose	Puffs/pills	Frequency		

Now let us look at your plan of action when you feel worse

The main trigger that can cause an aggravation of symptoms in COPD (exacerbation) is a respiratory infection.

Imagine that you have a respiratory infection. You contracted a cold from your grandchild a week ago. You notice changes in your sputum and you are more short of breath.

The symptoms of a respiratory infection are:

- 1. Changes in the colour, volume, and/or consistency of your sputum. Your sputum may become yellow or green, sometimes only darker. You may produce more sputum. Your sputum can become thicker.
- 2. More shortness of breath than usual. You find it harder to perform your usual activities.

You may have a cold or flu-like illness and/or sore throat preceding the changes in your sputum and shortness of breath.

In your case, which symptoms tell you that you have a respiratory infection?



What should you do if you think you have a respiratory infection?

You have to look at the changes in your symptoms in order to decide if you need to start the additional treatment included in your action plan.

- 1. Observe the changes in your sputum color, volume and consistency (not only in the morning).
 - If the colour becomes yellow or green you probably have a bacterial infection^{8,9} and you need to start the antibiotic prescribed by your doctor. Do not wait more than 48 hours to start your antibiotic.
 - For any other changes in your sputum (volume, consistency) discuss with your physician the need for antibiotics.

2. Look at your shortness of breath

- If you have more shortness of breath than usual, you should first try to increase your reliever (bronchodilator) as prescribed by your doctor.
- If after increasing your reliever (bronchodilator) your shortness of breath does not improve and you have difficulty performing your usual activities, you need to start the prednisone treatment prescribed by your doctor. Do not wait more than 48 hours to start your prednisone.

In the presence of symptoms of a respiratory infection you have to **act promptly**

Remember to use your Plan of Action.7

- 1. Take the additional treatment prescribed by your doctor according to the changes in your symptoms (changes in your sputum, more shortness of breath than usual) and within the recommended delays.
- 2. Avoid things that may make your symptoms worse.
- 3. Use your breathing, relaxation, body position and energy conservation techniques.
- 4. Notify your resource person.

I Feel Worse

My Symptoms

- Changes in my sputum (colour, volume, consistency)
- More shortness of breath than usual

Note that these changes may happen after a cold or flu-like illness and/or sore throat



My Actions

- I take the additional treatment prescribed by my doctor
- I avoid things that make my symptoms worse
- I use my breathing, relaxation, body position and energy conservation techniques
- I notify my resource person _____

Let us now look at your additional treatment when you feel worse

CHANGES IN MY SPUTUM

My additional treatment is:



• I start my ANTIBIOTIC if my SPUTUM becomes

I check my sputum **colour**, volume and consistency (not only in the morning).

I do not wait more than 48 hours to start my antibiotic.

Antibiotic	Dose	Number of Pills	Frequency/days

Comments:



MORE SHORTNESS OF BREATH THAN USUAL

My additional treatment is:



• I increase my reliever (BRONCHODILATOR) if I am MORE SHORT OF BREATH than usual.

Bronchodilator	Dose	Number of Puffs	Frequency/days

Comments:



• I start my PREDNISONE if after increasing my Bronchodilator my SHORTNESS OF BREATH DOES NOT IMPROVE and I have difficulty performing my usual activities.

I do not wait more than 48 hours to start my prednisone.

Prednisone	Dose	Number of Pills	Frequency/days

Comments:



What do you do to manage a respiratory infection?

1.	Which symptom of a respiratory infection tells you to start to take antibiotics?
2.	How soon should you start your antibiotic?





3.	How do you know that your shortness of breath has worsened? Give some examples.
4.	When should you increase your reliever (bronchodilator)?
5.	How many puffs should you take and how often?
6.	When your breathing becomes worse, how soon should you start your prednisone?



Now let us look at your Plan of Action when you feel much worse or you feel that you are in danger

What should you do if your symptoms are not getting better after using your Plan of Action?

adis is

If your symptoms get worse or do not improve after 48 hours of treatment, contact your resource person or go to the hospital emergency department.

If you feel you are in danger, don't take a chance, call 911.

I Feel Much Worse

My Symptoms	My Actions
My symptoms get worse.	• I call my contact person.
 After 48 hours of treatment my symptoms are not better. 	 After 5 pm or on the weekend, I go to the hospital emergency department.

I Feel I am in Danger

My Symptoms	My Actions
In any situation if: I am extremely short of breath. I am confused and/or drowsy. I have chest pain.	• I dial 911 for an ambulance to take me to the hospital emergency department.

Other recommendations from my doctor about my Plan of Action:





Other factors (different from a respiratory infection) that can aggravate your symptoms

Your symptoms can also be aggravated by the **exposure to environmental factors** or because of **stress/emotions**. Let us see how you can manage your symptoms in these situations.

Situation 1: Exposure to environmental factors.

You went out on a hot, humid, and smoggy day.



What symptoms are you having? What do you do?

Do you need to take medication to control your symptoms? If yes, which one and when are you taking it				
If shortness of breath and coughing persist, what do you do?				







Environmental factors such as pollutants (cigarette smoke), smog, changes in temperature, wind or humidity can make your symptoms

worse, especially your shortness of breath. You may also cough more and/or have more sputum. Your symptoms should get worse for only a short time.

To prevent your symptoms from getting worse, avoid the things you know will make them worse.



Remember to use your Plan of Action.7

- 1. Take your reliever (bronchodilator) immediately as prescribed by your doctor.
- 2. Avoid or decrease your exposure to things that may make your symptoms worse.
- 3. Use your breathing, relaxation and body position techniques.

If your symptoms get worse or do not improve, contact your resource person or go to the hospital emergency department.

If you feel you are in danger, don't take a chance, call 911.

Situation 2: You are under stress

You just had an unpleasant discussion with a family member.

What emotions do you feel?

What symptoms do you feel?

What do you do?



Do you need to take medication to control your symptoms when you are under stress? If yes, which one and when are you taking it?







Emotions and stress can worsen your shortness of breath.

A stressful situation, in many cases, can be controlled without medications, with the help of breathing and relaxation techniques. Remember that stress can lead to real physical reactions such as increase of shortness of breath, increased heart rate, perspiration, etc. The use of your reliever (bronchodilator) might be necessary.

Remember to use your Plan of Action.7

- 1. Use your breathing, relaxation, and body position techniques.
- 2. If necessary, take your reliever (bronchodilator) as prescribed by your doctor.

If your symptoms get worse or do not improve, contact your resource person or go to the hospital emergency department.

If you feel you are in danger, don't take a chance, call 911.

Now test your confidence level in using your Plan of Action.

On a scale of 1 to 10, circle the number that best represents the confidence you have in your ability to properly use your Plan of Action.

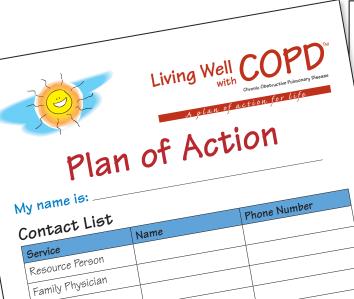
yo	you have in your ability to properly use your Plan of Action.									
1.	To recognize changes in your sputum?									
	1 not at a	2 Il confiden	3	4	5	6	7	8	9 very conf	10 ident
2.	To use your additional treatment of antibiotics?									
	1 not at a	2 Il confider	3	4	5	6	7	8	9 very conf	10 ident
3.	To recognize changes in your shortness of breath?									
	1 not at a	2 Ill confider	3	4	5	6	7	8	9 very conf	10 ident
4.	To use your additional treatment of bronchodilators?									
	1 not at a	2 Ill confider	3 1t	4	5	6	7	8	9 very conf	10 ident
5.	To use your additional treatment of prednisone?									
	1 not at a	2 all confider	3 1t	4	5	6	7	8	9 very conf	10 ident
6.	Do you think your Plan of Action will help you to prevent and manage your symptoms?									
	1 not at a	2 Ill confider	3 1t	4	5	6	7	8	9 very conf	10 ident
7.	Do you t hospitali		Plan of Ad	tion will	help you	to preven	t visits to	o the en	nergency r	room or
	1 not at a	2 all confider	3 1t	4	5	6	7	8	9 very conf	10 ident

If you feel confident about your Plan of Action, start using it now!
If you feel that you are not able to properly use it, what ar the reasons?
What can you do to feel more confident about using your Plan of Action?

Contact your resource person and your physician to review your Plan of Action and how you use it, particularly in presence of an aggravation of your symptoms (exacerbation).

Remember:

Your Plan of Action should be your constant companion. This is your plan of action for life!



I Feel Worse

My Symptoms

- Changes in my sputum (colour, volume, consistency)
- More shortness of breath than usual

Note that these changes may happen after a cold or flu-like illness and/or sore throat

CHANGES IN MY SPUTUM

My additional



I start my ANTIBIOTIC if my SPUTUM becomes

check my sputum **colour**, volume and consistency (not only in ne morning).

o not wait more than 48 hours to start my antibiotic.

biotic	Dose	Number of Pills	Frequency/days
houst c.	1	1	



I Feel Well

Respirologist

Pharmacist

My Usual Symptoms

- ☐ No ☐ Yes, colour: -• I feel short of breath: _ • I cough up sputum daily. No TYes
- I cough regularly.

My Actions

• I sleep and eat well, I do my usual activities and exercises

		Freque
My Regular Treatme	Dose Puffs/pills	
Medication		
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My Actions

- I take the **additional treatment** prescribed by my doctor
- I avoid things that make my symptoms worse
- I use my breathing, relaxation, body position and energy conservation techniques
- I notify my resource person _

MORE SHORTNESS OF BREATH THAN USUAL

treatment is:



• I increase my reliever (BRONCHODILATOR) if I am MORE SHORT OF BREATH than usual.

Bronchodilator	Dose	Number of Puffs	Frequency/days

Comments:



• I start my PREDNISONE if after increasing my Bronchodi my SHORTNESS OF BREATH DOES NOT IMPROVE and I difficulty performing my usual activities.

I do not wait more than 48 hours to start my prednison

Prednisone	Dose	Number of Pills	Frequenq
			7

Comments:

l Feel Much Worse

My Symptoms

- My symptoms get worse.
- After 48 hours of treatment my symptoms are not better.

My Actions

- I call my contact person.
- After 5 pm or on the weekend, go to the hospital emergency department.

l Feel I am in Danger My Symptoms

In any situation if:

- I am extremely short of breath
- I am confused and/or drowsy
- I have chest pain

My Actions

• I dial 911 for an ambulance to take me to the hospital emergency department.

Other recommendations from my doctor about my Plan of Action:





Notes:

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Acknowledgements

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Living Well with COPD has also been updated in consultation with groups of healthcare professionals and COPD patients from different regions of Quebec.

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Homewood Behavioural Health Corp.

by sputum colour: correlation with airways inflammation. Thorax



2001;56:366-372.





BreathWorks toll-free Helpline 1-866-717-COPD (2673) www.lung.ca/breathworks





www.livingwellwithcopd.com

1. O'Donnell DE, Aaron S, Bourbeau J, et al. Canadian Thoracic Society. Canadian Thoracic Society recommendations for management of chronic obstructive pulmonary disease – 2003. Can Respir J 2003;10(Suppl A):11A-65A. 2. Celli BR, MacNee W; ATS/ERS Task Force. Standards for the diagnosis and treatment of patients with COPD: a summary of the ATS/ERS position paper. Eur Respir J Jun 2004;23(6):932-46. 3. Global Initiative for Chronic Obstructive Lung Disease. Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease. NHLBINMIO Workshop Report 2004. 4. Bourbeau J, et al. Reduction of Hospital Utilization in Patients with Chronic Obstructive Pulmonary Disease. A Disease-specific Self-management Intervention. Arch Intern Med 2003;163:585-591. 5.

Bourbeau J, Reduction of Hospital Utilization in Patients with Chronic Obstructive Pulmonary Disease. A Disease-Specific Self-Management Intervention. Arch Intern Med March 10,2003;163. 7. Bourbeau J, et al. Self-management and behaviour modification in COPD. Patient Education and Counseling 2004;52:271-277. 8. Stockley R, et al. Relationship of sputum colour to nature and outpatient management of acute exacerbations of COPD. Chest 2000;117:1638-1645. 9. Stockley RA, Bayley D, Hill SL. Assessment of airway neutrophilis