

Chronic Obstructive Pulmonary Disease (COPD)

Patient / Care Provider Information

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Chronic Obstructive Pulmonary Disease (COPD)

This booklet is your own personal COPD record

It contains medical record sheets, please keep this safe and share with others involved in your care.

Please remember to show your COPD record whenever you attend an appointment.

Name:

Address:

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Date of Birth:

GP Name:

GP Address:

GP Telephone No: Fax:

Hospital Patient No:

Consultant COPD Assessment Unit

Contents

1. What is COPD?
2. COPD Service, Secondary Care
3. Your inhaler regime
4. Your self-management plan
5. Diet and COPD
6. Hospital admission details (To be completed by nurses on the Unit)
7. COPD Follow up clinic (To be completed by nurses on the Unit)

COPD Assessment Service

Royal Albert Edward Infirmary
Wigan Lane
WIGAN
WN1 2NN

COPD TEAM

Lead Consultant for COPD Services: Dr I Aziz

Contact details

Joanne Wright, Specialist Nurse/Unit Manager:

Rachel Fitzsimmons, Specialist Nurse

Telephone: 01942 822231

Hours of service:

Monday to Friday 9:00 am to 5:00 pm full service

Bank holidays and Saturday / Sunday limited early discharge service 9:00 am to 5:00 pm

The Philosophy of our unit is:

To provide a high quality specialist service for patients with COPD and associated conditions, both within the hospital and at home.

We will respect physical, psychological, social and spiritual needs of each individual.

We aim to maintain the privacy and dignity of our patients and families and provide a safe, comfortable and friendly environment.

1. What is COPD?

COPD stands for Chronic Obstructive Pulmonary Disease, an umbrella term for a number of conditions, including Chronic Bronchitis and Emphysema, all of which make it harder to breathe.

COPD leads to damaged airways in the lungs, causing them to become narrower and making it harder to get air in and out of the lungs.

The word chronic has nothing to do with severity. It simply means the problem is long-term.

2. Welcome to the COPD Assessment Unit

The COPD Assessment team provides assessment and care for patients with COPD.

The unit accepts referrals from your own doctor, the emergency department and other areas within the hospital. Patients, who have been seen before by the COPD team, can self-refer. The COPD team will, wherever possible, assess and discharge you, and help you to manage your condition at home which may involve community visits if your condition gets worse.

Telephones and mobile phones

There is a phone on the unit, which is available for patients to use for essential calls. Other payphones are located in the main hospital entrance area.

Telephone enquiries to the Unit by relatives

Telephone enquiries can be made direct to the Unit on 01942 822231

In the interests of patient confidentiality, staff members are unable to discuss a patient's diagnosis over the telephone.

Interpreters

If you need an interpreter, please let us know. A 24 hour interpreter service is available within the Trust for patients whose first language is not English.

Meal-times

The catering department provides sandwiches, should you require a meal during your stay with us.

If you have any specific dietary needs, such as vegetarian, diabetic or gluten free, please tell a member of staff as soon as possible after your arrival.

The staff in the unit will be happy to provide you with beverages and biscuits during your stay.

No smoking policy

The Trust operates a no smoking policy. Please do not smoke in the hospital or in its grounds.

Fire

In the event of a fire alarm sounding:

- Do not leave the Unit
- Wait for instructions from the nurse in charge
- Do not use any lifts

Confidentiality

Information about your condition and treatment is strictly confidential. Sometimes, to help your recovery, parts of your information may need to be discussed with other clinical teams such as physiotherapists and dietitians. However, staff will not disclose any information about you without your consent.

If you have any questions about your condition, please ask your nurse or doctor; they will be only too happy to help.

Your Stay with Us

After referral to the service, a specialist nurse will assess you. The COPD team will be responsible for your care until discharge

What Happens Next?

Once you have been settled into the unit, the following routine tests may take place:

- Blood pressure, pulse, temperature and breathing rate.
- Routine blood tests and oxygen levels
- ECG (heart tracing)
- Chest x-ray
- Spirometry

The specialist nurse will take a detailed medical and social history, and will review your results. A doctor will look at your X-Ray and ECG and the specialist nurse will decide whether you can go home.

If you have any worries or questions regarding these investigations, or your condition, please do not hesitate to ask the specialist nurse at any time.

If it is not possible for you to go home, the specialist nurse will explain the reasons why and arrange for you to be admitted to hospital for further review and treatment

Medicines and Tablets

Please bring all your medication or if unable to, a recent prescription from your GP; please give this to your specialist nurse as this will help with your assessment.

On Discharge Home

On discharge home, you will have an individual treatment plan. The specialist COPD nurses will monitor you at home for a period of up to two weeks, This may include home visits /telephone consultations dependent on individual circumstance and COVID regulations .You will then be offered a 2 week post discharge clinic at The Walk in Centre Leigh where you will be given a date for a further follow up clinic in approximately 4 weeks discharged for a review of your COPD, or earlier if the chest consultant decides this is

required. Please bring all your inhalers and spacer to these clinics and a list of current medication

Your inhaler technique will be checked and your treatment reviewed to see if there is anything more that can be done to improve your condition. Your temperature, pulse, oxygen levels, breathing rate will be measured each time we see you.

The home visit /telephone consult usually lasts 5 to 15 minutes, providing there are no problems. During this time we also provide advice on your COPD management.

The Specialist nurses have regular contact with the Chest Consultant to discuss any problems or worries. During the two week at home period, the chest consultant will look at your test results and if deemed necessary an appointment with him will be arranged.

Please be aware that your assessment can take a number of hours. This is to ensure that all tests and investigations are completed and you are safe to go home. The specialist nurse will ensure you have any additional medication required to manage your condition. The specialist nurses also have the ability to refer to other services should it be deemed necessary.

3. Your Inhaler Regime

	COLOUR	NAME	No. OF PUFFS
MORNING			
LUNCH			
TEA TIME			
BEDTIME			
WHEN BREATHLESS			

How to use your Volumatic (Bubble):

1. Put your inhaler into the end of the bubble, Shake inhaler/bubble
2. Place the mouthpiece of bubble into your mouth.
3. Press 1 spray into the bubble
4. Breathe in and out of the bubble, slow and deep four times (tidal breathing)
5. Make sure you can hear the clicking when you breathe in and out
6. Rinse your mouth when you have finished taking the inhalers.

Repeat the above for each spray

Don't forget to wash your bubble one to two times weekly in hot soapy water, then rinse with clean water and allow to dry overnight on the draining board. Get a new one from your doctor every six months.

4. Patient self-management plan introduction

It is not uncommon to be on several different medications to help ease your symptoms. It is important to understand what medications do and also to recognise when you might be developing a chest infection. Early treatment will hopefully reduce the severity and the length of the infection. This leaflet is designed to help you "self-manage" a chest infection.

How to self-manage your infection: If you feel unwell, you may be developing a chest infection, especially if there is:

- a) a change in the amount and
- b) colour of your sputum and
- c) an increase in breathlessness

If you experience **TWO** or more of these symptoms you should contact your usual health professional (respiratory nurse, practice nurse, GP) and inform him/her of any changes in your condition. He/she will offer you increased support/treatment/reassurance and assess your condition. Management of your condition may continue at home once assessment has been made. Take all medication as usual, if advised to do so; you may also take paracetamol, up to eight tablets a day to relieve fevers, aches and pains, unless advised by GP. Make sure that you drink plenty of fluids and that you rest.

Useful telephone numbers:

GP:

Nurse:

Out of Hours:

Keeping fit and healthy

❖ Stop smoking	❖ Annual flu jab
❖ Regular exercise	❖ Pneumonia jab
❖ Healthy diet	❖ Prompt treatment for infections

Prevention:

Act early, recognise an increase in your symptoms – have you experienced any fever or chills? Note and report any swelling of the ankles.

Do you have an emergency standby course of antibiotics and/or oral steroids (Prednisolone) and a plan of when and how to take them by prior arrangement with your GP?

If not, perhaps you could discuss this possibility with your GP at your next visit.

What is normal for you?

It is important to know how you are when you are well:

- The colour and amount of sputum you produce.
- How breathless you are at rest and on walking.
- How much you can normally do.
- And also to monitor your sputum. Changes in the colour and amount can suggest an infection.

What does your normal sputum look like?

Colour	Tick	Amount of Sputum Daily?	Tick
1. Clear		None	
2. White		Some (up to a teaspoon)	
3. Yellow		A little (up to a tablespoon)	
4. Pale Green		Moderate (up to 3 tablespoons)	
5. Dark Green		A lot (a cupful or more)	

Changes in the colour and amount of sputum can suggest an infection.

Active Cycle of Breathing

The aim of these techniques is to help you to clear the secretions that have built up in your lungs.

Relaxed breathing control

- Sit in a comfortable relaxed position
- Let your shoulders drop and rest your hands on your stomach
- Feel your stomach gently rise and fall as you breathe in and out
- Concentrate on the action of breathing
- On breathing out, let the air come out naturally (DO NOT force the air out)
- Try and make your breath out longer than you breath in
- Breathe at your own rate and depth
- Allow the muscles to relax more and more with each breath
- Do not worry about breathing through your mouth or nose, do what feels easiest

Deep breathing exercise

- Breathe in deeply and slowly, through your nose if possible
- Sigh out slowly
- Repeat three times
- Repeat the relaxed breathing control again
- Repeat the deep breathing exercises when ready

Huffing

Take a small breath in and then force the air out through your mouth (huff). The huff is like misting up your glasses to clean them or using a peak flow meter. Use relaxed breathing control to settle your breathing and then repeat the huff using a medium breath and finally a large breath. The huff will move phlegm up towards your mouth and may make you cough.

NB

You should only need to cough once or twice to clear your phlegm. Too much coughing may make you breathless, wheezy and tired.

Smoking Cessation

It is very common for patients with COPD to be current or ex-smokers. The COPD Specialist nurses are very experienced in providing advice on helping you to stop.

It is an important part of our assessment to look at your smoking history and we will always advise smokers to stop. We are able to refer you to a smoking cessation support group, or alternatively there are leaflets in the unit explaining how you can contact them yourself. If

you feel you would benefit from nicotine replacement therapy we may be able to arrange this with your doctor.

There are many leaflets in the unit which will help you, please feel free to take any you require.

Please ask the specialist nurses if you require any specific advice and we will be happy to help.

5. Diet and COPD

Cause fluctuations in their weight.

If you are underweight, have lost weight or are experiencing a poor appetite

Sometimes you may find you want to eat less food. If you are eating less, it is important to eat as nourishing a diet as possible.

Try some of these ideas:-

- Eat three small meals daily, as well as two to three snacks or milky drinks
- Use at least 1 pint of full cream milk daily
- Drink at least six to eight cups of fluid each day; tea, coffee, fruit juice, soups and milky drinks. Take these after meals to avoid a feeling of fullness before meals.
- Eat meat, chicken, fish, eggs, cheese or yoghurts, custards and milk puddings at least twice a day
- Have bread, potatoes, rice, pasta or cereals with each meal
- Eat fruit and vegetables daily.

If you have gained weight

Food provides us with energy. If we eat more food than our bodies need, we often gain weight.

Here are some suggestions for weight reduction:-

- Eat less fatty foods – i.e. chips, pies, cakes and biscuits. Use semi-skimmed milk, low fat spread, grill meat and chicken, choose boiled or jacket potatoes.
- Eat less sugary goods - i.e. sugary drinks, cakes, biscuits. Use a low sugar or diet drink, use sweeteners in drinks, and choose fruit as snacks.
- Eat more fibre - i.e. wholemeal bread, jacket or boiled potatoes with their skins, wholegrain breakfast cereals.

NB. It is important to increase your fluid intake when increasing the fibre content of your diet to prevent constipation.

- Try to eat moderate portion sizes
- Take regular exercise if this is possible (consult your doctor before beginning this)

The advice given above is only very brief; if you feel you need further advice, please ask your Doctor or the COPD Specialist Nurse to refer you to a dietitian.

6. Assessment Information Date:

Number of previous admissions:

B/P		P		Resp Rate		Temp		O ₂ sat Air O ₂ %			
ABG AIR O ₂ %		PH		PCO ₂		PO ₂		Bicarb		B. Excess	
RBS	CRP	FBC	Hb	Plat	WCC	<u>U & E</u>		Na	K	Urea	Creat
FEV ₁		Pred %		FVC		Pred %		FEV ₁ %		Pred %	
PFR			(Best)			Pred			SVC		
CXR						ECG					
Sputum						HT		WT		BMI	

Current Resp. Medication	Dose	Devise	Current Medication

Please indicate with:	✓ or x	
Compressor at home		
Who instigated		
Oxygen at home		
Cylinder		No. per week
Concentrator		L/Min
		Hrs/day

Smoking history

Never	Current	No, per day	Ex	Time stopped	Pack Years

Complete below for current smokers

No. quit attempts	Duration quit	Advised to stop Y / N	Leaflet given Y / N	NRT arranged Y / N
Referred to Smoking Cessation Y / N	Comment:			

Employment History: Alcohol Consumption, Units per week

Comments for the Specialist Nurse:

Certain patients will have their drugs dispensed via Pharmacy if they have been admitted to the ward. This information will be given to the patient in the form of an HIS (Hospital Information System) discharge letter and this will be available in the patient's notes.

HOME WITH TREATMENT PACKAGE

Antibiotics - Doxycycline 200mg on first day then 100mg x 6 days	
Trimethoprim 200mg B D x 7 days	
Steroids - Prednisolone 40mg O/D x 7 days Reducing dose by 5mg daily to 0 or maintenance dose	

Atrovent/Salbutamol Nebules		Compressor	
Atrovent Nebules			
Salbutamol Nebules			
Ipratropium Inhalers		Spacer	
Salbutamol Inhalers		Spacer	
Patient trained on use of nebuliser			

Alternative:

Old Medication stopped:

Smoking history

Never	Current	No, per day	Ex	Time stopped	Pack Years

COMPLETE BELOW FOR CURRENT SMOKERS

No. quit attempts	Duration quit	Advised to stop Y / N	Leaflet given Y / N	NRT arranged Y / N
Referred to Smoking Cessation Y / N		Comment:		

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Support for You

C.O.P.D. Support Group
Drop in for advice from
Joanne Wright and the Team
Meet at the customer service desk
Hindley Tesco Supermarket
Cross Street Hindley
Last Wednesday of every month 3pm-5pm

Please check if running due to COVID Restrictions
Contact COPD Service 01942 8222321



Wigan Warblers
Tuesdays 12pm - 2pm
Call: Natasha Liddle, 07814205865
Email: natashagarswood@gmail.com
Douglas Bank, Woodhouse Lane Wigan, WN6 7NF

Breathe Easy
Wigan & Leigh support group
3rd Monday of every month, 1:30pm
Leigh Miners Welfare Club
Call 03000 030 555

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am to 4pm)

The Patient Relations/PALS Manager
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust
Royal Albert Edward Infirmary
Wigan Lane
Wigan WN1 2NN

Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



How We Use Your Information

For details on how we collect, use and store the information we hold about you, please take a look at our “how we use your information” leaflet which can be found on the Trust website: https://www.wwl.nhs.uk/patient_information/leaflets/

This leaflet is also available in audio, large print, Braille and other languages upon request. For more information please ask in the department/ward.

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