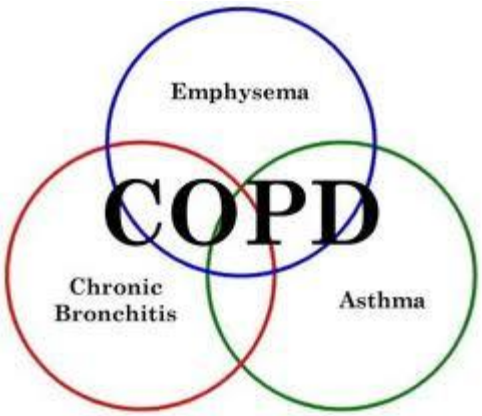
Pathways To Community Living

Transition Coordinator Education: Chronic Obstructive Pulmonary Disease (COPD)



Definition:

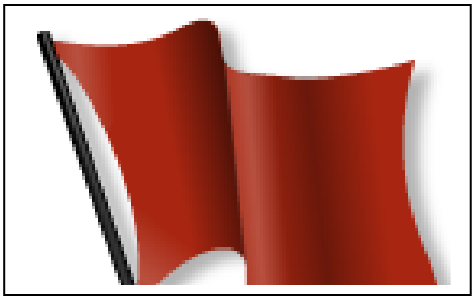
Chronic Obstructive Pulmonary Disease (COPD) is a slowly progressive airway disease that produces a decline in lung function. Airflow limitation, from loss of lung function, is associated with an abnormal inflammatory response of the lungs to noxious (unpleasant or irritants) particles or gases. Normal flow of air is blocked by excess mucus and inflammation (chronic bronchitis), by collapsed airways (emphysema), and/or by tightening of the muscles around airways (chronic bronchitis).

Early Signs and Symptoms:

Shortness of breath, frequent respiratory infections or infections that are hard to get rid of, heart rate that is more rapid than usual, increased cough and/or increased sputum production

Red Flag Symptoms that the participant should see PCP for:

- Increased dyspnea
- Increased heart rate
- Increased respiratory rate
- Increased cough or change in sputum
- Use of accessory muscles to breath
- Peripheral edema
- Wheezing
- Fever
- Fatigue
- Chest tightness



Severe Acute Exacerbation identification: Emergent Situation

- Change in mental status plus 2 of the following:
- Dyspnea at rest
- Cyanosis
- Respiratory rate > 25/minute
- Heart rate > 110/minute
- Use of accessory muscles
- Peak flow < 50% of best
- May require an emergency room visit

COPD complications:

Completion of screenings to identify areas of additional support needs

- Fall Risk Assessment
- Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)
- Depression scale
- Mini Mental Status Examination (MMSE)

Social Support: Persons with COPD frequently become isolated as their disease progresses.
Identify with participant:

- Previous activities they enjoyed.
- Community activities available to them.
- Local mental health center.
- Local support groups.
- Needed caregiver support for daily activities as well as social support activities.
- Provide contact phone numbers in easily accessible areas.
- Exercises/activities to increase endurance/activity level
- If multifamily building/apartment are there others to socialize with

Treatment and Management:

Medications: Are central to the management of COPD symptoms

- Bronchodilators – open up airways
- Short-acting
  - Albuterol, Levalbuterol, Maxair
- Long acting
  - Salmeterol (Serevent)
  - Formoterol (Foradil aerolyzer)
  - Ipratropium bromide (Atrovent)
- Methylxanthines
  - Theophylline, aminophylline
- Steroids – decreases inflammation in airways
  - Pulmicort, AeroBid, Flovent, Azmacort, or oral tablets
- Combination
  - Advair, Combivent, Symbicort
- Oxygen
  - Oxygen will be prescribed by provider and participant will need oxygen safety instructions

Self-Management Needs:

- Smoking cessation
- Pulmonary rehabilitation
- Trigger avoidance
  - Identify what will trigger a shortness of breath episode, bout of anxiety, or acute exacerbation.
- COPD education
  - Can be provided at pulmonary rehab or by home care nursing

- Inhaler technique training
    - For those unable to use an inhaler a nebulizer may be better.
- Caregiver support
    - Advanced stages of COPD require 24 hour caregiver care.
- Nutritional management
    - Avoid caffeine
    - Avoid alcohol
    - Vitamins and supplements for those who are losing weight
    - Small frequent meals are usually better tolerated.
- Immunizations
    - yearly influenza
    - pneumococcal
- Self-care strategies
    - Symptom diary
    - Peak flow use
    - Recognize factors that worsen symptoms
    - Early symptom recognition that signifies an acute exacerbation
- End-of-Life decision making
    - Living Will
    - Power of Attorney for health care
- Power of Attorney for Property if needed

What Education, Coaching and Support can I give to help Manage this Condition?

Develop Medication Management Strategies: Medication regimens for participants can be complex. Frequently persons with COPD will have other chronic conditions as well.

- Complete and keep updated list of medications.
- Have participant take to each MD visit to have updated.
- Identify pharmacy and phone number and place in accessible area for all.
- Determine who will be responsible for obtaining refills from pharmacy as needed.
- Determine who will obtain refills from MD when needed.
- Use accessory devices as needed (pill box) and identify who will be responsible for filling

Monitor for Anxiety and assist to develop coping skills

a. Presentations suggestive of anxiety disorder include: Medically unexplained symptoms such as:
    - Cardiovascular-chest pain, palpitations, shortness of breath, rapid heart rate
    - Gastrointestinal- alteration in appetite, nausea, heartburn, indigestion, constipation, diarrhea
    - Neurologic-headache, dizziness, or decreased concentration, attention or memory
    - Musculoskeletal- trembling, muscle tension, muscle aches
    - Dry mouth, sweating, flushing
    - Panic attacks, and feelings of being “keyed up” or irritable; expressions of fear over loss of independence, physical health/ability, financial security; social isolation; sleep disturbances or difficulty falling asleep;
    - Emergency room visits for medically unexplained somatic symptoms particularly chest pain.
b. Nonpharmacological management

- Avoid alcohol, caffeine, other substances
- Relaxation therapy can help relieve anxious elders.

c. Pharmacological treatment have participant discuss with PCP or specialty provider
- Benzodiazepines for symptom relief may cause increased sedation, decreased coordination, confusion
- Benzodiazepines with long-half life should **not** be used in the elderly: chlordiazepoxide HCL (Librium) and diazepam (Valium);
- Benzodiazepines with short-half life: oxazepam (Serax), lorazepam (Ativan), alprazolam (Xanax)
- Long-term use should be avoided secondary to development of dependence and withdrawal. The higher the dose the shorter the time needed to develop dependence
- Withdrawal should be tapered slowly over weeks to avoid symptoms: rebound increase in anxiety, restlessness, insomnia, cognitive disturbance