Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

COPD Patient and Care Provider Information

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Chronic Obstructive Pulmonary Disease (COPD)

Patient & Care Provider Information

Respiratory Department

- Author ID: JW
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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: .....
.....
Date of Birth: .....
GP Name: .....
GP Address: .....
GP Telephone No: .....
Hospital: ..... **Patient No:** .....
Consultant: ..... **COPD Assessment Unit**

Out of hours GP:.....

COPD Assessment Service

Royal Albert Edward Infirmary
Wigan Lane
WIGAN
WN1 2NN

COPD TEAM

Lead consultant for COPD Services: Dr I Aziz

Contact details

Specialist Nurse/Unit Manager: Joanne Wright

Telephone: 01942 822231

Hours of service:

Monday to Friday 9am until 5pm - full service

Bank holidays: limited early discharge service 9am until 5pm

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 to provide a safe, comfortable, and friendly environment.

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6 Hospital admission details (To be completed by nurses on the Unit)

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1. What is COPD?

COPD stands for Chronic Obstructive Pulmonary Disease, an umbrella term for several 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. Personal mobile phones can be used on the unit.

Telephone enquiries to the Unit by relatives

Telephone enquiries can be made direct to the Unit on **01942 822231 / 822271**

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 telephone interpreter service is available within the trust for patients whose first language is not English.

Mealtimes

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 the nurse in charge will give instructions to patient and visitors.

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) if appropriate
- Chest x-ray
- Spirometry if appropriate

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.

Please be aware that your assessment can take several 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 can also refer you to other services if necessary.

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 or telephone consultations, dependent on individual circumstances and present regulations.

You will then be offered a 2 week and 6 week post-discharge clinic review. Please bring all your inhalers and spacer to these clinics and a list of current medication.

You will also be offered monthly telephone monitor calls for 3 months

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 and breathing rate will be measured each time we see you.

The home visit /telephone consultation 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 period at home, the chest consultant will look at your test

results and if deemed necessary, an appointment with him will be arranged.

3. Your Inhaler Regime

	Colour	Name	No. of puffs
Morning			
Lunch			
Teatime			
Bedtime			
When Breathless			

How to use your Spacer:

1 Put your inhaler into the end of the spacer and shake

2 Place the mouthpiece of spacer into your mouth

3 Press 1 spray into the spacer

4 Breathe in and out of the spacer slowly and deeply four times (tidal breathing)

5 Rinse your mouth when you have finished taking the inhalers

Repeat the above for each spray.

Don’t forget to wash your spacer 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 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 change in the amount and
- colour of your sputum and
- an increase in breathlessness

If you experience **TWO** or more of these symptoms, you should contact a health professional (COPD nurse/GP/111) and inform him/her of any changes in your condition. He/she will discuss your condition with you. 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 a healthcare professional. 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
- Regular exercise
- Healthy diet

- Annual flu jab/COVID vaccine as required
- Pneumonia jab
- Prompt treatment for infections

Prevention

Act early, recognize 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, 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
- Monitor your sputum.

What does your sputum look like?

Colour	Tick	Amount of Sputum Daily?	Tick
Clear		None	
White		Some (up to a teaspoon)	

Colour	Tick	Amount of SputumDaily?	Tick
Yellow		A little (up to a tablespoon)	
Pale Green		Moderate (up to 3 tablespoons)	
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 your 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.

Please note

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 can 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.

Diet and COPD

COPD can cause weight change.

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 fewer 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.

Take note: 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.

Assessment Information

Date:……. Number of previous admissions: .....……..

B/P	P	Resp Rate	Temp	O_2 sat Air 0_2%

ABG AIR 0_2%		PH		PC02		PO2	Bicarb		B. Excess				
RBS	CRP	FBC	Hb	Plat	WCC	U&E	Na	K	Urea	Creat			
FEV_1		Pred %		FVC		Pre %	FEV1%		Pred %				
PFR			(Best)			Pred	SVC						
CXR						ECG							
Sputum				HT		WT	BMI						

Current Resp. Medication	Dose	Devise	Current Medication

Please indicate with:	ü 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 Yea

Complete below for current smokers

No. quit attempts	Duration quit	Advised to stop	Leaflet given	NRT arranged
		Y / N	Y / N	Y / N

Referred to Smoking Cessation	Comment:
Y / N	

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	
Steroids - Prednisolone 30mg once daily x 5 days Reducing dose by 5mg daily to 0 or maintenance dose	

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

Alternative:

Old Medication stopped:

7. COPD Follow up Clinic

COPD follow up assessment

Date:			Primary Care		
6/52 Follow up			F/U CLINIC		
O2 Sats Air//02		Temp	Resp		Pulse
FEV_1	FEV_1% predicted	FVC	FVC Predicted	FEV_1%	% predicted

Last Bronchdilators: Short act Time Long act Time

Theophylline Inhaler Inhaler

Inhaled Steroids: Oral: Inhaled:

Smoked in last 24 hours: Y/N

Meal in last 2 hours: Y/N Comments:

Test reproduceable: Y/N

Blood gases taken Y/N	pH		PCO_2		PO_2	

MRC Score	0	1	2	3
Inhaler technique				
Has your treatment made a difference to you?				
Compliance with Medication				
Is your breathing easier in any way?				
Patient understands treatment regime?				

Can you do some things now that you could not do before, or do the same things but faster?
Can you do the same things as before, but are now less breathless when you do them?
Ability to cope with patient’s normal activities of daily living
Has your sleep improved?
Referral to any other members of Multi-Disciplinary Team

Comment

.....

Smoking history

Never	Current	No, per day	Ex	Time stopped	Pack Yea

COMPLETE BELOW FOR CURRENT SMOKERS

No. quit attempts	Duration quit	Advised to stop Y / N	Leaflet Y /

Referred to Smoking Cessation Y / N	Comment:

.....



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