

Identify and Assess Signs and Symptoms of COPD

Assess, Treat, and Prevent COPD Flare-Ups

Assess the Client

- Smoking history
- Vaccinations
- Symptom awareness
- Oxygen saturation level
- Medications
- Morning headaches
- Nocturnal dyspnea
- Orthopnea

Identify Symptoms

Universal symptoms of COPD:

- Cough
- Shortness of breath
- Sputum

Identify COPD

- Spirometry testing is the GOLD standard for diagnosing COPD (FEV1/FVC<0.7)

Identify Triggers

Likely triggers of a COPD flare-up:

- Smoking
- Pollutants (indoor and outdoor)
- Respiratory Infections
- Changes in environmental temperature
- Stress
- Non-compliance with medications

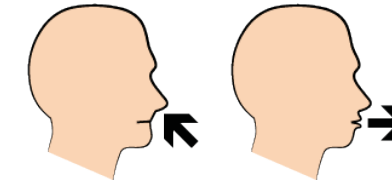
Assess Flare-Ups

- Monitor the client's COPD Symptom Calendar for flare-ups.
- Look for 2 out of 3 symptoms present over time as per DofBC Flare up Plan

Month	August			
Increased shortness of breath from your usual	✓	✓	✓	
Increased amount of cough and/or sputum from your normal level		✓	✓	
Sputum changes from its normal colour to yellow, green or rust colour		✓		

Treat Flare-Ups

Non-Pharmacological Treatment



- Practice pursed lip breathing
- Perform controlled coughing
- Use huffing technique
- Position the body to ease breathing

Pharmacological Treatment



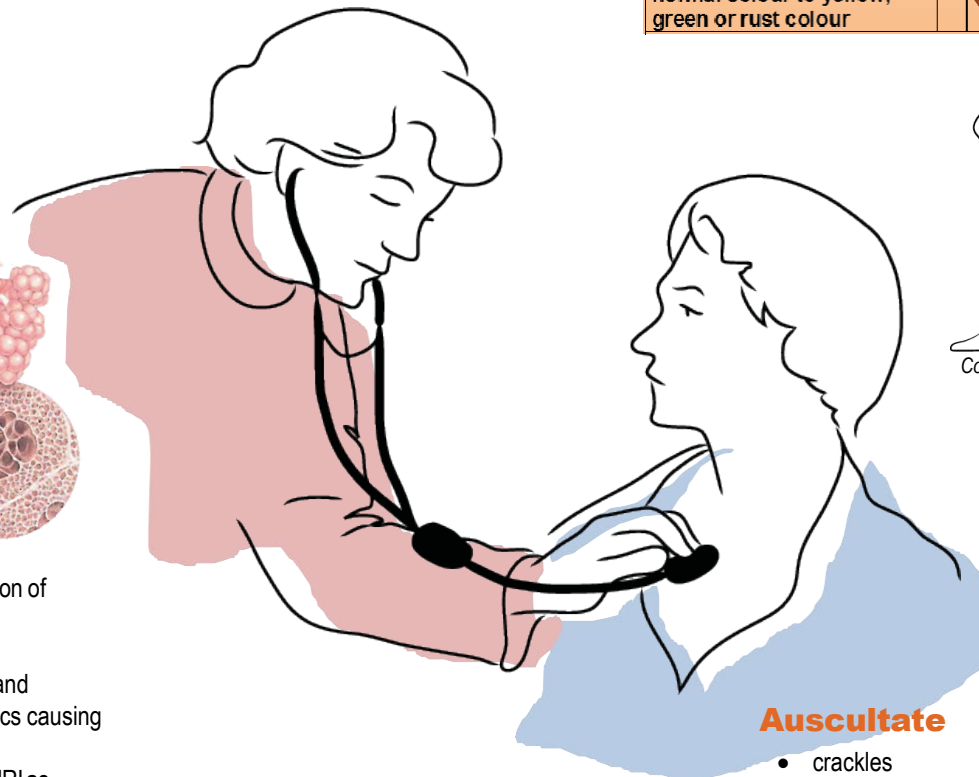
- Treat flare-ups with inhalers, antibiotics and Prednisone based on the client's DofBC Flare-up Plan.



Pathophysiology:

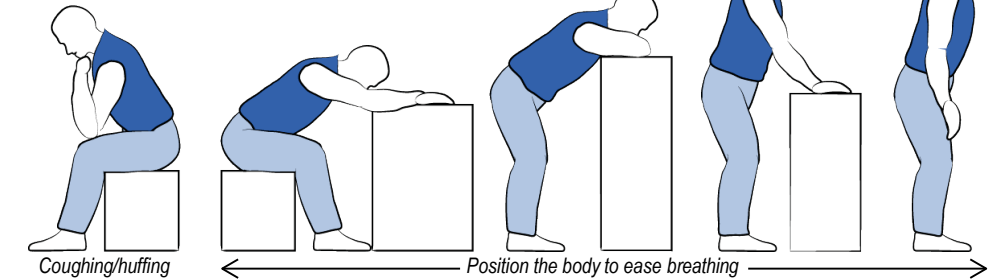
- Enlarged mucous glands
- Excessive production of mucus
- Increased amount of secretions obstructing small airways
- Chronic / recurrent productive cough on most days

- Dilation and destruction of bronchiole walls
- Loss of lung tissue
- Permanent damage and enlargement of air sacs causing breathlessness
- can be seen on CT/MRI as emphysema
- Primary cause is smoke inhalation



Auscultate

- crackles
- Wheezes
- Silent or very distant breath sounds



Prevent Flare-Ups

- Infection control – hand washing, etc.
- Vaccinations
- Smoking cessation – Use the 5 As:
 - Ask – tobacco use
 - Advise – personalize importance to quit
 - Assess – willingness to quit
 - Assist – QUITNOW/GP
 - Arrange – follow up
- Conserve energy
- Manage stress / relaxation techniques
- Maintain a healthy lifestyle
- Encourage the client to participate in an exercise program

If the client is transferred to acute or Long Term Care, ensure that their Doctors of BC (DofBC) Flare-up Plan is communicated to the new facility.

Complete the documentation →

Use the Assisted Living COPD Checklist to Complete the Documentation

1 Identify
Clients who have a COPD diagnosis or are experiencing COPD symptoms or are using inhalers

- COPD Diagnosis:**
 - Section J of RAI Assessment
 - Physician documentation
- COPD Symptoms:**
 - Cough
 - Sputum
 - Shortness of Breath
- Use of Inhaler(s)**

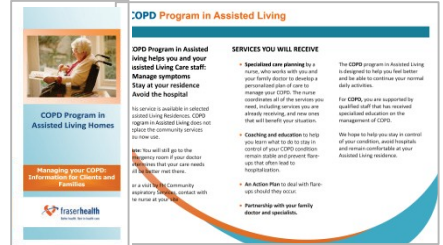
Notify the AL Community Health Nurse if COPD is not identified on the RAI

Refer to **Community Respiratory Services** if the client is not managing COPD symptoms

2 Give client the COPD information letters and COPD Flare-up Plan to bring to the physician for signing.

3 Give client the Pharmacy information letter when filling prescription (**Optional: pharmacy can keep prescription on file for one year**)

4 Give client the COPD Program in Assisted Living Brochure



5 Check that the Doctor of BC Flare-up Plan is stored with the client's medications.

6 Update the service plan with concise client-specific details:
 • Client's normal
 • Cough, sputum, SOB
 • Client's triggers
 Update information in SeniorCare

7 Keep the completed COPD Checklist in the client's file.

- Break** the cycle of breathlessness
- Strengthen** the heart, lungs, and muscles
- Improve** energy level and mood
- Prevent** hospitalization

