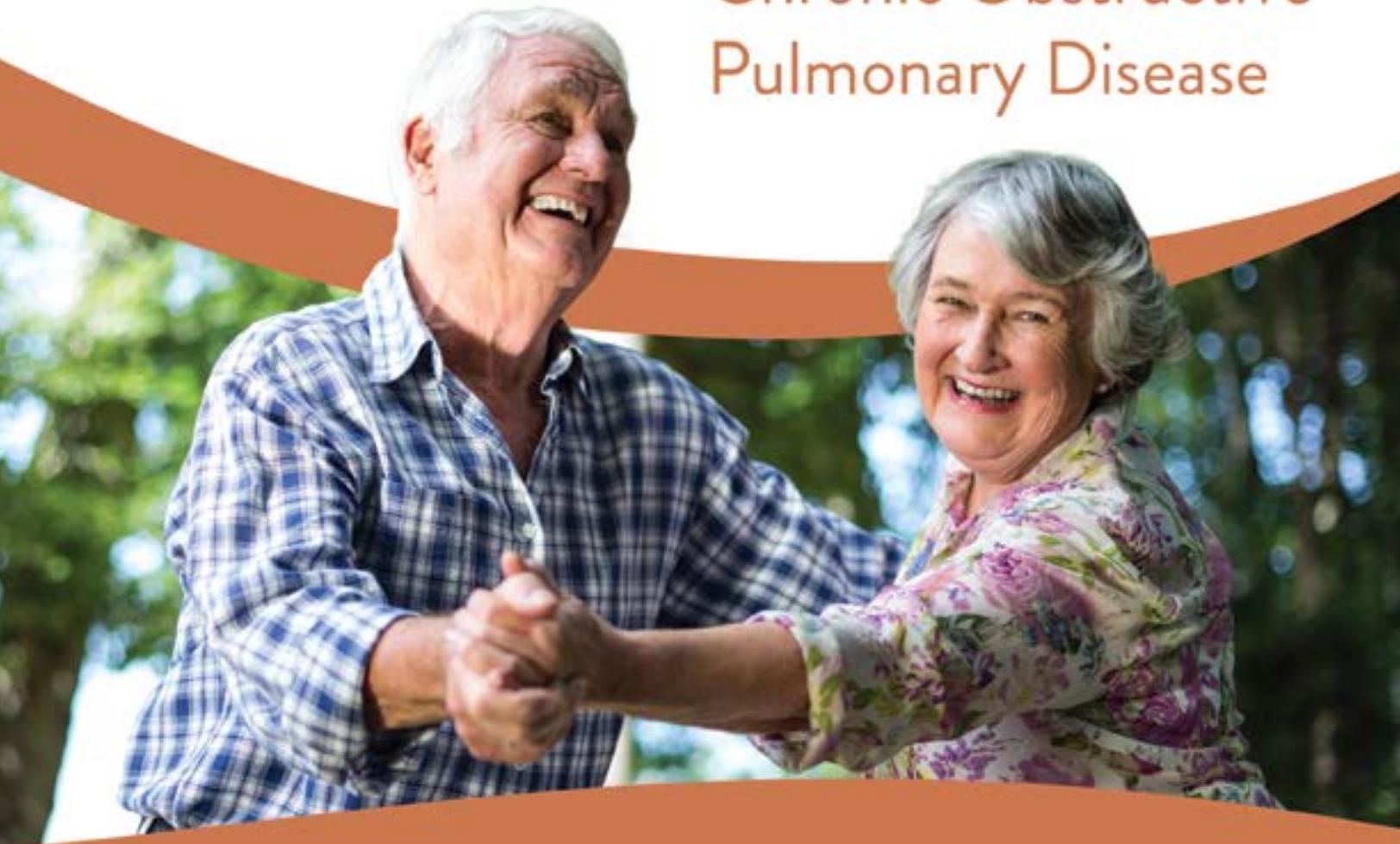


Nascentia Health

TOMORROW'S HEALTHCARE TODAY

Living with

Chronic Obstructive
Pulmonary Disease



COPD S.M.A.R.T Goals

Specific **M**easurable **A**ttainable **R**elevant **T**imely

Page	Task	Goal Met Date	Notes
2	Explain your condition		
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1. What is COPD

COPD is a preventable and treatable lung disease. People with COPD must work harder to breathe, which can lead to shortness of breath and/or feeling tired. Early in the disease, people with COPD may feel short of breath when they exercise. As the disease progresses, it can be hard to breathe out (exhale) or even breathe in (inhale). A person with COPD may have obstructive bronchiolitis (bron-kee-oh-lite-is), emphysema, or a combination of both conditions. Asthma is not part of COPD, but it is another disease that causes narrowing of the airways, making it hard to breathe at times.

What is Chronic Bronchitis and Emphysema?

Chronic bronchitis is a swelling of the tubes that take air to your lungs. It is usually caused by smoking, but can also come from breathing secondhand smoke, dust, or fumes from stoves, heaters, or chemicals. As the tubes swell and produce mucus, they get narrower, making it hard to breathe. Symptoms of chronic bronchitis include repeated coughing that brings up mucus, wheezing, and shortness of breath. You may not be able to catch your breath when exercising.

Emphysema is caused by damage to the air sacs in your lungs, usually from years of smoking. Normally the air sacs supply oxygen to the blood. But the damaged air sacs can not deliver enough oxygen to your blood, which can make you feel short of breath. The most common early symptom of emphysema is shortness of breath during exercise. Over time, you may start to feel short of breath even while resting.

Causes of COPD

The most common cause of COPD is smoking.

Other environmental factors can cause COPD, such as secondhand smoke, pollution, chemicals, and dust.

2. Symptoms of COPD

1. **Ongoing cough**—The first sign of COPD is usually a long-term or chronic cough. Coughing helps to protect your airways from inhaled irritants such as cigarette smoke. It also helps to remove phlegm (mucus). Your lungs are responding normally to irritation, but a chronic cough indicates that the lungs aren't functioning normally.
2. **Increased mucus**—In COPD, coughing usually goes hand-in-hand with a large amount of mucus or phlegm. Your lungs produce mucus to help trap or keep inhaled irritants out. Tobacco smoke and other irritants can lead to the production of up to three times the normal amount of mucus.
3. **Shortness of breath**—Shortness of breath or a feeling of breathlessness is when it takes more effort than usual to breathe in and out. Initially, breathlessness may occur only with increased physical activity, such as playing sports or walking uphill.
4. **Fatigue**—Fatigue, or tiredness, is another common symptom. You may find that you get tired more easily than you did in the past. A loss of energy or stamina may also occur. If you feel more tired than usual, talk to your doctor to determine if it's a result of COPD.

Will COPD ever go away?

The word “chronic,” in chronic obstructive pulmonary disease means it lasts for a long time. Symptoms sometimes improve when a person stops smoking, takes medication, and/or attends pulmonary rehabilitation. However, the lungs are still damaged and can never fully return to normal. That means that COPD is a lifelong condition. Breathlessness and fatigue may never go away entirely, but people can manage their condition and lead a fulfilling life.

Tips to remember:

Immediately tell your nurse or MD if

- You have a bluish color around your mouth, inside of your lips, or fingernails
- Your breathing per minute increases
- There is a grunting sound when you exhale
- You have nasal flaring (your nostrils widen when breathing), meaning you are having to work harder to breathe
- Your chest appears to sink in just below your neck and/or under your breastbone with every breath
- You have increased sweating on your head, but your skin does not feel warm to the touch
- You have a tight whistling or musical sound with each breath

3. Vaccinations

Vaccines reduce your risk for getting sick and can help you avoid infections and other complications related to COPD.

Flu Vaccine

It's important to get a yearly flu vaccine.

Pneumococcal Vaccine

Your doctor may recommend that you get the pneumococcal vaccine as well.

COVID Vaccine

Getting vaccinated against COVID-19 will help protect you. Your COPD may pose extra harm because your damaged airways may have a harder time fighting off the coronavirus.



4. Living Day-to-Day with COPD

There are things you can do every day to keep COPD from getting worse, to protect your lungs, and to stay healthy.

Manage Your Days

Having COPD can take away your energy. These simple changes can make your days easier and preserve your strength.

- Ask for help when you need it.
- Give yourself more time for daily activities.
- Take breaks to catch your breath when you need to.
- Learn pursed lip breathing.
- Stay physically and mentally active.
- Set up your house so things you use every day are within easy reach.

Clear the Air

Your lungs need clean air. So if you smoke, the best thing you can do is quit. Talk with your health care provider about ways to quit. Ask about support groups and other stop-smoking strategies, many of which are free.

Even secondhand smoke can cause further damage. So ask other people not to smoke around you, and, if possible, quit altogether.

Avoid other forms of pollution like car exhaust and dust. When air pollution is high, close the windows and stay inside if you can.

Also stay inside when it is too hot or too cold.

Eat Well

Your diet affects COPD in several ways. Food gives you fuel to breathe. Moving air in and out of your lungs takes more work and burns more calories when you have COPD.

Your weight also affects COPD. Being overweight makes it harder to breathe. But if you are too thin, your body will have a hard time fighting illnesses.

Tips for eating well with COPD include:

- Eat small meals and snacks that give you energy, but do not leave you feeling stuffed. Large meals may make it harder for you to breathe.



4. Living Day-to-Day with COPD (continued)

- Drink water or other liquids throughout the day. About 6 to 8 cups a day is a good goal. Drinking plenty of fluids helps thin your mucus so it is easier to get rid of it.
- Eat healthy proteins like low-fat milk and cheese, eggs, meat, fish, and nuts.
- Eat healthy fats like olive or canola oils and soft margarine. Ask your provider how much fat you should eat a day.
- Limit sugary snacks like cakes, cookies, and soda.
- If needed, limit foods like beans, cabbage, and fizzy drinks if they make you feel full and gassy.

If you need to lose weight:

- Lose weight gradually.
- Replace 3 large meals a day with several smaller meals so you won't get too hungry.
- Talk with your provider about an exercise plan that will help you burn calories.

If you need to gain weight, look for ways to add calories to your meals:

- Add a teaspoon (5 milliliters) of butter or olive oil to vegetables and soups.
- Stock your kitchen with high-energy snacks like walnuts, almonds, and string cheese.

- Add peanut butter or mayonnaise to your sandwiches.
- Drink milkshakes with high-fat ice cream. Add protein powder for an added boost of calories.

Exercise

Exercise is good for everyone, including people with COPD. Being active can build your strength so you can breathe easier. It can also help you stay healthier for longer.

Talk to your provider about what kind of exercise is right for you. Then start slow. You may only be able to walk a short distance at first. Over time, you should be able to go longer.

Ask your provider about pulmonary rehabilitation. This is a formal program where specialists teach you to breathe, exercise, and live well with COPD.

Try to exercise for at least 15 minutes, 3 times a week. If you become winded, slow down and rest. Stop exercising and call your provider if you feel:

- Pain in your chest, neck, arm or jaw
- Sick to your stomach
- Dizzy or lightheaded

4. Living Day-to-Day with COPD (continued)

Sleep

A good night's sleep can make you feel better and keep you healthier. But COPD can make it hard to get enough rest:

- You might wake up short of breath or coughing.
- Some COPD medicines make it hard to sleep.
- You might have to take a dose of medicine in the middle of the night.

Here are some safe ways to sleep better:

- Let your provider know you are having trouble sleeping. A change in your treatment might help you sleep.
- Go to bed at the same time every night.
- Do something to relax before you go to bed. You might take a bath or read a book. Ask your family to help keep the house quiet when it is time for you to sleep.
- Use window shades to block outside light.
- Do not use over-the-counter sleep aids. They can make it harder to breathe.

Tips to remember:

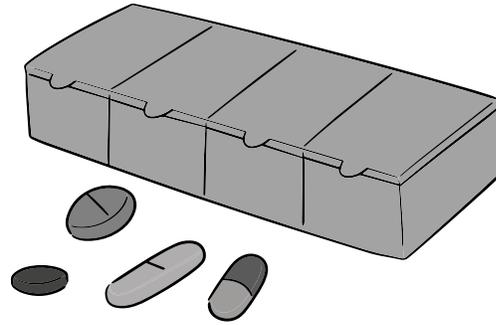
1. Use deep “belly breathing” instead of taking shallow breaths.
2. Use pursed lip breathing.

3. Prioritize your activities for the day. Do your activities in order of importance.
4. Spend time to making plans, not only for the day but for the week. Making sure to spread activities over a period of time.
5. Take 10 minutes of rest every hour to ensure you do not get fatigued and at least one hour after meals as your food needs to digest.
6. Keep items within reach—telephone, tissues, etc., to avoid bending and reaching.
7. Sit to do tasks since standing requires more work.
8. Change positions often as it distributes different muscles to work.
9. Use wheeled carts for laundry, shopping, and cleaning needs.
10. Increase your fluids and eat 6 small meals/day that are high in protein and calories but low in sodium.
11. Your meals should include 2 servings of dairy, 2 servings of meat and protein, 4 servings of fruit and vegetables, and 4 servings of grains and starches.
12. Avoid gas-forming foods that may cause bloating.
13. Avoid high intake of dairy products as they increase mucus production.

5. Medicines

For your medicines to work best, you must take them just as prescribed. Talk with your doctor, nurse, or pharmacist to learn these things about your medications:

- The name(s) of your medication(s).
- How and when to take (with food?).
- Side effects to watch for and what to do if they occur.
- What to do if you miss a dose.
- How one medication interacts with any others you are taking.
- How certain foods affect your medications. Some foods may cause problems with your medications. Talk



Pill boxes can help you organize your medications each week

with your doctor or nurse about your medications and which foods or drinks you should avoid. Write them below.

- Herbal supplements can interact with COPD medications. Ask your doctor or nurse before taking any herbal medications.

Medication	Food/drinks to avoid

5. Medicines (continued)

If you feel worse than usual and find your breathing is worse than normal, tell your doctor or nurse. Your medications may need to be changed.

There is currently no cure for COPD, so damage to the lungs and airways is permanent.

There are several medications that can help reduce inflammation and open your airways to help you breathe easier with COPD.

Caution: Do not quit taking your medications—even if you feel better

Short-acting bronchodilators (your inhaler or puffer)

Bronchodilators (inhalers or puffers) help open your airways to make breathing easier. Your doctor may prescribe short-acting bronchodilators for an emergency situation or for quick relief as needed. You take them using an inhaler or nebulizer. Different types of medications treat different aspects and symptoms of COPD. Your doctor will prescribe medications that will best treat your particular condition. Short-acting bronchodilators can cause side effects such as:

- Dry mouth
- Headache
- Cough

These effects should go away over time. Other side effects include:

- Tremors (shaking)
- Nervousness
- A fast heartbeat

Long-acting bronchodilators

Long-acting bronchodilators are medications that are used to treat COPD over a longer period of time. They're usually taken once or twice daily using inhalers or nebulizers.

Because these drugs work gradually to help ease breathing, they don't act as quickly as rescue medication. They're not meant to be used in an emergency situation.

Side effects of long-acting bronchodilators can include:

- Dry mouth
- Dizziness
- Tremors
- Runny nose
- Irritated or scratchy throat
- Upset stomach

More serious side effects include:

- Blurry vision
- Rapid or irregular heart rate
- An allergic reaction with rash or swelling

5. Medicines (continued)

Corticosteroids

With COPD, your airways can be inflamed, causing swelling and irritation. Inflammation makes it harder to breathe.

Corticosteroids are a type of medication that reduces inflammation in the body, making air flow easier in the lungs.

Several types of corticosteroids are available. Some are inhalable and should be used every day as directed. They're usually prescribed in combination with a long-acting COPD drug.

Other corticosteroids are injected or taken by mouth. These forms are used on a short-term basis when your COPD suddenly gets worse.

Combination drugs

Several COPD drugs come as combination medications. These are mainly combinations of either two long-acting bronchodilators or an inhaled corticosteroid and a long-acting bronchodilator.

For people with COPD who experience shortness of breath or trouble breathing during exercise, a combination of drugs is strongly recommended.

Triple therapy, a combination of an inhaled corticosteroid and two long-acting bronchodilators, is recommended for those who continue to have shortness of breath or trouble breathing. Your doctor may order combinations of different types

of medications can reduce flare-ups and improve lung function in people with advanced COPD. Combinations of different types of corticosteroids may be ordered together. This will reduce flare-ups and improve lung function. Triple therapy reduces flare-ups and improves lung function in people with advanced COPD.

Mucoactive drugs

COPD flare-ups can cause increased levels of mucus in the lungs. Mucoactive drugs help reduce mucus or thin it so you can more easily cough it up. They typically come in pill form. These medications may help reduce flare-ups and disability from COPD. Side effects of these medications may include:

- Nausea
- Vomiting
- Stomach pain

Tips to remember:

1. Know the actions, side effects, the reason you are taking the medication, when you should take them, and what to report to your nurse or doctor.
2. Use a pre-filled pill box to help remember your medications.
3. Know how properly to use your inhalers and nebulizers.
4. Know how to properly care for your nebulizer equipment.

6. Breathing Better / Comfort Measures

When you have trouble breathing, it is important to stay as comfortable as you can. This will help you breathe better and get more oxygen, which helps your body work better so you “feel better all over.” To increase comfort and improve breathing, do these:

- Keep items you use often close by to avoid straining to reach them.
- When sitting or lying down, make sure all parts of your body are supported so you can fully relax.
- Sit upright or propped up on pillows (this lets your lungs fully expand and take in more air).
- Prop your arms up on pillows, to let your lungs expand even more.
- Prop the head of your bed up with blocks or books, or sit in a recliner. (This keeps fluid at the base of your lungs so you can breathe easier.)
- Avoid very warm temperatures because it is easier to breathe if air is cool.
- Do the things that help you relax. (Take a warm bath, listen to soothing music, etc.)

Deep Breathing

To breath deeply, you use a muscle called the diaphragm. Check how the diaphragm works by feeling it move on the front of your abdomen and the sides of your abdomen

Exercise 1: Front

1. Sit comfortably with good posture, (sitting up straight), or lie on your back with your head and knees supported by pillows.
2. Place one hand on your chest to check for movement of the rib cage muscles.
3. Place the other hand on your belly to feel movement of the diaphragm.
4. Pull your belly muscles in as you breathe out slowly through pursed lips.
5. Breathe in through your nose, feeling your belly relax and push out to the front.
6. Rest after 3 or 4 breaths.

Exercise 2: Side

1. Sit or stand comfortably with good posture.
2. Place your hands on your sides over your lower ribs.
3. Feel your lower ribs move down as you exhale slowly through pursed lips.
4. Inhale slowly through your nose, feeling your lower ribs expand.
5. Rest after 3 or 4 breaths.

Controlled Coughing

Controlled coughing helps loosen the mucus in your lungs. Do controlled coughing with small, short coughs. Avoid large blasts of air.

1. Sit up, and lean head forward slightly.
2. Take a deep, slow breath through your nose, and hold it for 2 seconds.
3. Cough once (to loosen mucus).

7. Stress Management

Learning how to deal with stress and anxiety and getting care for depression can help you manage COPD and feel better in general.

COPD and your emotions

Having COPD can affect your mood and emotions because:

- You cannot do all the things you used to do.
- You may need to do things much slower than you used to.
- You may often feel tired.
- You may have a hard time sleeping.
- You may feel ashamed or blame yourself for having COPD.
- You may be more isolated from others because it is harder to get out to do things.
- Breathing problems can be stressful and scary.

All of these factors can make you feel stressed, anxious, or depressed.

Having COPD can change how you feel about yourself, and that can actually affect COPD symptoms and how well you care for yourself. When you feel stressed and anxious, you may breathe faster, which can make you feel short of breath. When it is harder to breathe, you feel more anxious, and the cycle continues, leading you to feel even worse.

While you cannot get rid of all the stress in your life, you can learn how to manage it. These suggestions may help you relieve stress and stay positive.

- Identify the people, places, and situations that cause stress so you can find ways to avoid or manage it.
- Avoid things that make you anxious. For example, don't spend time with people who stress you out. Instead, seek out people who nurture and support you. Go shopping during quieter times when there's less traffic and fewer people around.
- Practice relaxation exercises. Deep breathing, visualization, letting go of negative thoughts, and muscle relaxation exercises are all simple ways to release tension and reduce stress.
- Do not take on too much. Take care of yourself by letting go and learning to say no. For example, instead of hosting 25 people for Thanksgiving dinner, cut it back to 8. Or better yet, ask someone else to host. If you work, talk with your boss about ways to manage your workload so you do not feel overwhelmed.
- Stay involved. Do not isolate yourself. Spend time with friends or attend social events every week.
- Practice positive daily health habits. Get up and get dressed every morning. Move your body every day. Exercise is one of

7. Stress Management (continued)

the best stress busters and mood boosters around. Eat a healthy diet and get enough sleep every night.

- Talk it out. Share your feelings with trusted family or friends, clergy, or a professional counselor. Do not keep things bottled up inside.
- Follow your treatment plan. When your COPD is well-managed, you will have more energy for the things you enjoy.
- Do not delay. Get help for depression.

Feeling angry, upset, sad, or anxious at times is understandable. Having COPD changes your life, and it can be hard to accept a new way of living. However, depression is more than occasional sadness or frustration.

Symptoms of depression include:

- Low mood most of the time
- Frequent irritability
- Not enjoying your usual activities
- Trouble sleeping, or sleeping too much
- A big change in appetite, often with weight gain or loss
- Increased tiredness and lack of energy
- Feelings of worthlessness, self-hate, and guilt
- Trouble concentrating
- Feeling hopeless or helpless
- Repeated thoughts of death or suicide

If you have symptoms of depression that last for 2 weeks or more, call your doctor. You do not have to live with these feelings. Treatment can help you feel better.

When to Call Your Doctor

Call 911, a suicide hot line, or go to the nearest emergency room if you have thoughts of harming yourself or others. Call your doctor if:

- You hear voices or other sounds that are not there.
- You cry often for no apparent reason.
- Your depression has affected your work, school, or family life for longer than 2 weeks.
- You have 3 or more symptoms of depression (listed above).
- You think one of your current medicines may be making you feel depressed. Do not change or stop taking any medicines without talking to your doctor.
- You think you should cut back on drinking or drug use, or a family member or friend has asked you to cut back.
- You feel guilty about the amount of alcohol you drink, or you drink alcohol first thing in the morning.

You should also call your doctor if your COPD symptoms get worse, despite following your treatment plan.

8. Smoking

If you smoke, find a way to quit. Smoking makes blood vessels narrow and breathing hard. With every puff, a smoker irritates and damages the lining of the lungs. If you stop smoking, you can slow down the serious damage you are doing to yourself.

No matter how long you have smoked, stopping now will help you breathe better. Some helpful hints to get you started are:

Keep your body and mind busy:

- Take a short walk
- Wash dishes
- Read a book or magazine
- Play a game on your phone
- Join a card club
- Do some handiwork (knitting, crafts)
- Go to a movie
- Watch a good video

Keep your hands busy. Try “handling” these:

- Sponge ball
- Pen or pencil
- Heavy coins
- Rubber band
- Fidget device
- Paper clip

Changing your routines and patterns can also help.



A stop-smoking program may increase your chances of success. Some popular programs include:

- American Lung Associates (Freedom From Smoking)
- Smokeless®
- Smokenders®
- American Cancer Society’s program

Check with your health care provider or local hospital about other quit-smoking programs near you. When checking out programs, be sure to ask about cost, success rates, methods, instructors’ training and handouts.

Medicaid pays for quit-smoking treatment delivered by your health care provider.

8. Smoking (continued)

Medicaid covers quit counseling and all seven smoking cessation medications approved by the U.S. Food and Drug Administration (FDA):

- Five nicotine replacement therapies (NRT)—patch, gum, lozenge, inhaler, and nasal spray
- Two non-nicotine oral medications (pills)—bupropion SR (brand names Zyban or Wellbutrin) and varenicline (brand name Chantix)

Medicaid covers the use of two medications at once, which is safe for most people. Using two medications as prescribed by your provider is even more helpful in reducing cravings and other withdrawal symptoms.

Medicaid even pays for over-the-counter nicotine patches, gum and lozenges with a fiscal order (like a prescription) from your provider.

And, because it may take you more than one try to quit, Medicaid covers repeated treatment by your provider.

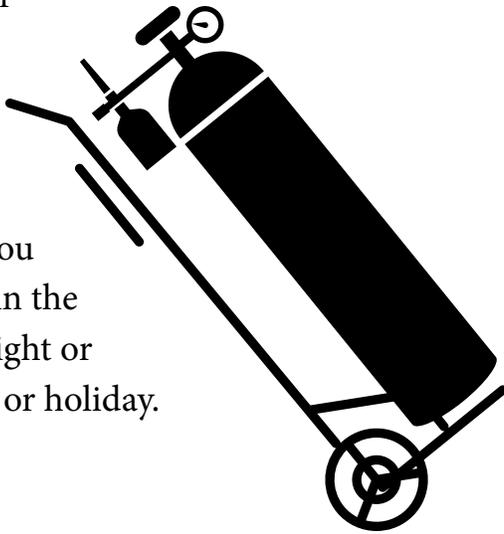
Talk to your health care provider about which treatment might be right for you.

E-cigarettes are not an FDA-approved smoking cessation medication. The FDA classifies e-cigarettes as a tobacco product, just like the cigarettes, cigars, smokeless tobacco, and other tobacco products.

9. Oxygen

Treat oxygen just like any other medication you take. Don't change the amount, unless your doctor or nurse tells you to. Your doctor will tell you what your liter flow should be when you rest, exercise, and sleep.

The company that provides your oxygen equipment should fully explain its use and care. When your supply arrives, be sure to find out how to reorder. Plan ahead, so that you do not run out in the middle of the night or over a weekend or holiday.



To use oxygen safely:

- Store oxygen away from heat, direct sunlight, or a pilot light
- If using cylinders, secure them so that they cannot tip over
- No smoking in the room where oxygen is used or stored
- Do not increase liter flow without asking your doctor or nurse.
- Do not use oxygen near an open flame (such as a gas stove or fireplace)
- You can use electric appliances. But be careful when using things that might spark (like an electric razor)
- Do not use petroleum-based products (such as Vaseline, certain creams, etc.)

Oxygen company phone number: () -

Liter flow at rest:

Liter flow at exercise:

Liter flow asleep:

Hours and/or time of day to use:

9. Oxygen (continued)

Traveling with oxygen

Don't think that being on oxygen means you have to stay home all the time. You can arrange to have oxygen when you travel, whether you go around the corner or around the world!

For ANY trip, be sure you know.

- How to change tanks when one is empty
- How to measure the amount of oxygen left in the tank
- How to refill your tank (if you have a liquid oxygen system)
- All of the safety measures for oxygen use

Short Trips

Your oxygen company can set you up for outings of up to 8 or 10 hours. The amount of time depends on tank size and on whether you use liquid or gas oxygen. If you use liquid, it can go in a pack that you carry on your shoulder. Travel oxygen in gas form comes in a small tank ("E" cylinder) that rolls on wheels or in a smaller tank that can be carried.

Longer Trips

Ask your oxygen company to arrange for your oxygen with a company in the town you plan to visit, or you may make the arrangements yourself.

Traveling by air

For an extra fee, you can arrange through the airline to have oxygen while flying. The airline provides the oxygen because travel with any type of tank filled with oxygen is unsafe. Just tell the airline your liter flow rate, and they will do the rest. If you have a liquid oxygen system, you may want to take your tank with you to use once you arrive. To do this, just drain the tank dry, and leave the valve on the top cracked open a little bit.

Tips for setting up oxygen for a trip

- Know your flow rate.
- If you use a liquid oxygen system, know its brand name. Make sure the company you will be using while you travel has the right size adapter to fill your tank.
- Because oxygen is a drug, always take a written prescription with you when you travel.

9. Oxygen (continued)

Tips to remember:

1. Remember that oxygen is used for low oxygen levels in your blood
2. Use the oxygen at the flow rate you MD has prescribed and do not increase
3. Know the different equipment associated with oxygen—cylinder, liquid tank, concentrator, flowmeter, pressure gauge for tank, nasal cannula, mask, sterile humidity bottle, sterile distilled water, and tubing
4. Clean your nares and cannula 2 times a day and as needed
5. Check your ears and cheeks to prevent pressure sores from developing
6. Keep oxygen away from flames.
7. Avoid the use of heating pads and electric razors, aerosol sprays, body lotions, face creams and rubbing alcohol
8. Never smoke cigarettes while using oxygen because the oxygen supports combustion
9. Place a “no smoking” sign on your door to warn others



10. When to Call Your Doctor

You should call your doctor if you experience any of these symptoms:

- Breathing in a fast and shallow pattern, as if you've just exercised very intensely
- Coughing
- Experiencing shortness of breath at rest or with minimal activity, such as walking from one room to another
- Feeling excessively sleepy or confused
- Having lower oxygen levels than normal
- Noticing increasing amounts of mucus, which is often yellow, green, tan, or even blood-tinged
- Wheezing more than usual

If carbon dioxide builds up in your body or oxygen levels become too low, it can become deadly. Symptoms of too much carbon dioxide in your body include:

- Confusion
- Severe headache
- Difficulty walking even short distances
- Having a hard time catching your breath

11. Word Search

M	I	N	J	R	M	C	O	U	G	H	E	W	Q	N	F	K	J
U	W	D	U	J	T	Z	S	T	R	E	S	S	L	A	L	J	T
C	O	P	P	M	E	D	I	C	I	N	E	S	G	S	U	X	P
U	J	B	R	O	N	C	H	I	T	I	S	R	S	C	I	W	Z
S	A	V	A	C	C	I	N	A	T	I	O	N	S	E	D	H	O
M	O	F	A	T	I	G	U	E	T	G	X	O	Y	N	S	E	H
S	H	O	R	T	O	F	B	R	E	A	T	H	B	T	Z	E	L
Z	F	O	X	Y	G	E	N	N	A	I	G	F	C	I	C	Z	U
H	E	X	E	R	C	I	S	E	Q	M	X	T	O	A	O	I	N
E	M	P	H	Y	S	E	M	A	X	W	G	M	P	I	T	N	G
P	O	S	T	O	P	S	M	O	K	I	N	G	D	F	B	G	S
B	N	C	A	C	H	R	O	N	I	C	A	W	E	F	Z	W	G

NASCENTIA

BRONCHITIS

CHRONIC

COPD

COUGH

EMPHYSEMA

EXERCISE

FATIGUE

FLUIDS

LUNGS

MEDICINE

MUCUS

OXYGEN

SHORT OF BREATH

STOP SMOKING

STRESS

VACCINATIONS

WHEEZING

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