

Chronic Obstructive Pulmonary Disease (COPD)

What is chronic obstructive pulmonary disease?

Chronic obstructive pulmonary disease (COPD) is a serious lung disease that over time makes it hard to breathe. It is most commonly caused by smoking cigarettes for many years. In COPD, two things happen. First, the airways are partly blocked by mucus. Airways are the tubes that carry air in and out of your lungs. Second, lung tissue is destroyed. Lung tissue is where oxygen enters the blood and carbon dioxide is passed from the blood to the lungs. Both mucus and the loss of lung tissue make it hard to breathe. The 2 types of COPD are chronic bronchitis and emphysema. Many patients have a combination of both.

What can I expect in the hospital?

You may need to stay in the hospital because:

- You are having a lot of trouble breathing
- Your oxygen level is very low
- You have a medical condition which is making your COPD symptoms worse
- Your COPD symptoms need immediate treatment or an adjustment to your treatment

Several things may be done while you are in the hospital to monitor, test, and treat your condition. They include:

Monitoring:

- You will be checked often by the hospital staff.
- Your blood oxygen level will be monitored by a sensor that is attached to your finger or earlobe.
- Your heart rate, blood pressure, and temperature will be checked regularly.

Testing:

Testing may include:

- **Spirometry:** A breathing test that measures how well you breathe in and out. You may be tested before and after taking medicine to see how your symptoms respond to medicine
- **X-rays:** Pictures of the inside of the chest and lungs to check for infections or other abnormalities
- **Arterial blood gas (ABG):** A blood test to measure the levels of oxygen and carbon dioxide in your blood
- **Sputum culture:** A test in which fluid made in the lungs is tested to check for cancer cells or infections
- **Bronchoscopy:** A test in which a slim, flexible, lighted tube called a bronchoscope is passed through your mouth and down into your lung to see abnormal areas. Sometimes one or more pieces of tissue are removed to help make a diagnosis. This is called a biopsy.

Treatment:

The treatment for COPD depends on your symptoms, how quickly you get better with the treatments given, your overall health, and any complications you may have.

- You will get oxygen through a small tube placed under your nose or through a mask placed over your face. In very severe cases, you may need a tube put into your lungs to help you breathe.
- You will have a small tube (IV catheter) inserted into a vein in your hand or arm. This will allow for medicine to be given directly into your blood and to give you fluids, if needed.
- Your provider may prescribe medicines to:
 - Relax and open the airways
 - Reduce swelling in your lungs
 - Loosen the mucus in your lungs and help you cough it up
 - Treat or prevent an infection
 - Make breathing easier
- In rare cases of severe COPD, you may need surgery. Surgery may include:
 - Lung volume reduction surgery (LVRS): Surgery to remove damaged parts of one or both lungs
 - Lung transplantation: Surgery to remove a damaged lung and replace it with a lung from a donor
 - Bullectomy: Surgery to remove tissues damaged by large air spaces in the lungs that interfere with breathing

What can I do to help?

- You will need to tell your healthcare team if you have new or worsening:
 - Trouble talking or walking because of shortness of breath
 - Bluish or gray color of your lips or fingernails
 - Trouble breathing that does not get easier with medicine
 - Fast breathing or trouble catching your breath
 - Feeling like you are going to die
 - Chest discomfort (pressure, fullness, squeezing or pain) that lasts more than a few minutes or goes away and comes back or chest discomfort that goes to your arms, neck, jaw or back
 - Chest pain when you take a breath
 - Coughing up mucus that is thick or blood-stained
 - Signs of infection around your surgical wound if you had surgery. These include:
 - The area around your wound is more red or painful
 - Your wound area is very warm to touch
 - You have blood, pus, or other fluid coming from the wound area

- You have chills or muscle aches
- Ask questions about any medicine or treatment or information that you do not understand.

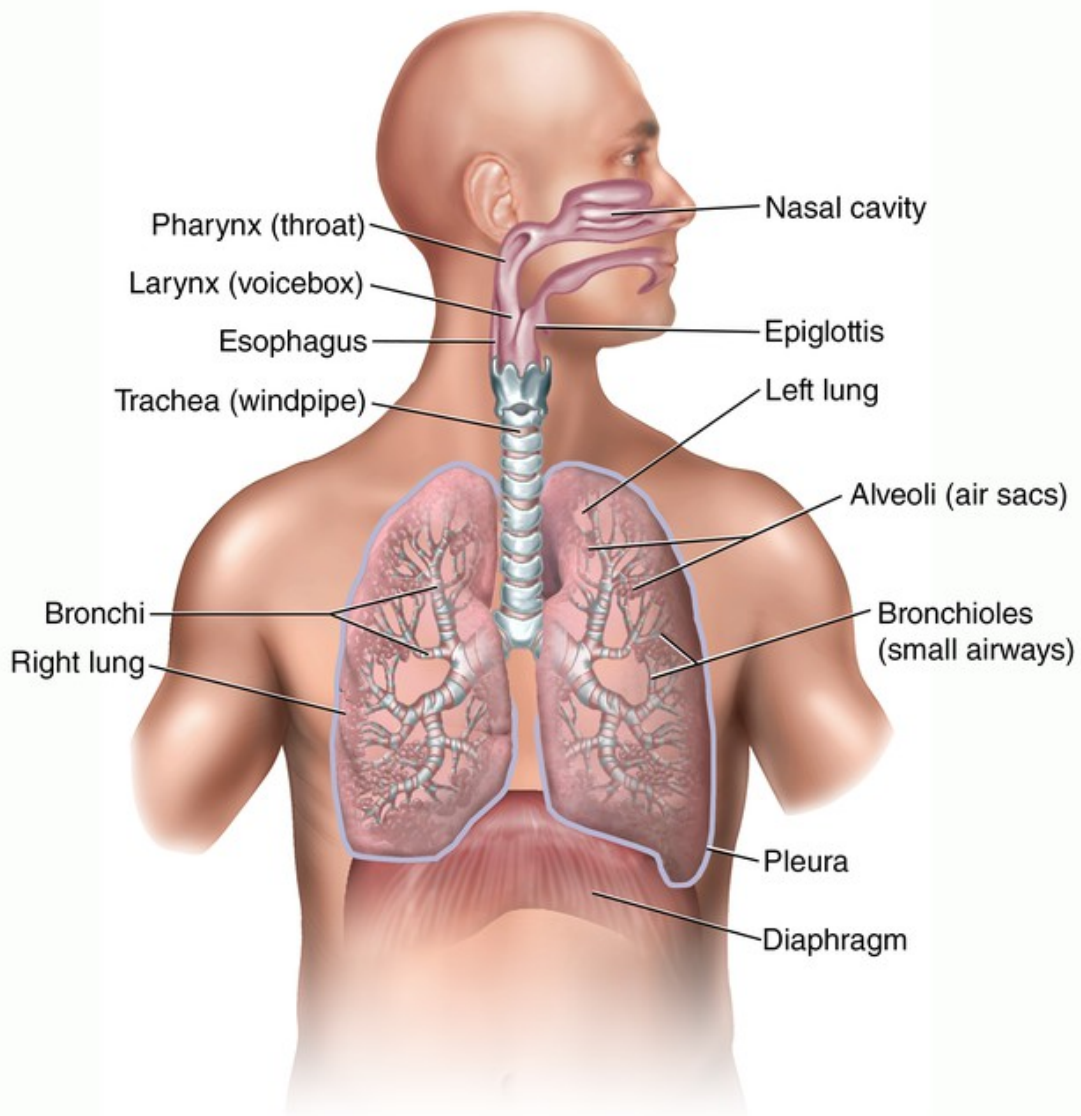
How long will I be in the hospital?

How long you stay in the hospital depends on many factors. The average amount of time to stay in the hospital to treat COPD is 3 to 5 days. Your provider will make sure that you are breathing easily, your oxygen levels and other medical conditions are stable, and that you will be able to care for yourself when you go home.

Developed by RelayHealth.

This content is reviewed periodically and is subject to change as new health information becomes available. The information is intended to inform and educate and is not a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional.

Respiratory System

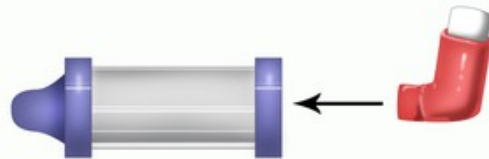


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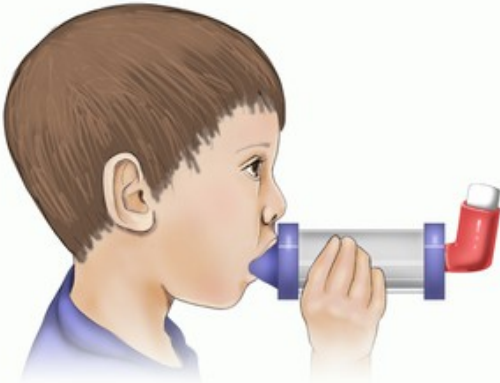
Metered-Dose Inhaler: How to Use with a Spacer



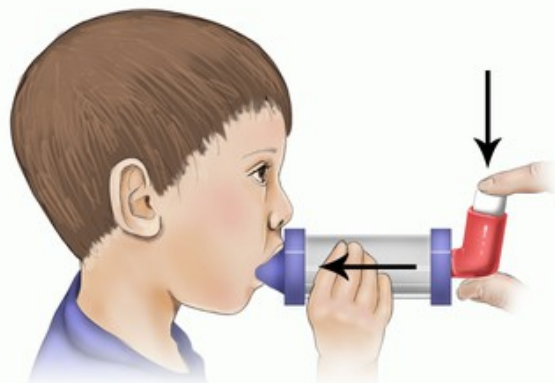
1. Shake the medicine.



2. Insert the mouthpiece of the inhaler into the rubber-sealed end of the spacer.



3. Breathe all of the air out of your lungs. Then put the spacer into your mouth between your teeth. Make a tight seal around the mouthpiece with your lips.



4. Press the metered-dose inhaler down once to release a spray of medicine. The medicine will be trapped in the spacer. Breathe in slowly and deeply.



5. Hold your breath for 5 to 10 seconds and then breathe out slowly. If you cannot hold your breath, another method is to breathe in and out slowly for 3 to 5 breaths.

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Metered-Dose Inhaler: How to Use



1. Shake the medicine.



Or



2a. Hold the inhaler so that the mouthpiece is 1 and 1/2 to 2 inches (about 2 to 3 finger widths) in front of your open mouth. Breathe out normally. Press the inhaler down once so it releases a spray of medicine into your mouth while you breathe in slowly. Continue to breathe in as slowly and deeply as possible.

2b. If holding the inhaler in front of your mouth is too hard, breathe out all the way and then place the mouthpiece in your mouth and close your lips around it. Press the inhaler down once to release a spray of medicine into your mouth while you breathe in slowly.



3. Hold your breath for 10 seconds, or as long as is comfortable. Breathe out slowly.

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How to Use a Nebulizer



1. Put medicine into the medicine cup.



2. Attach the mouthpiece or mask to the medicine cup.



3. Attach the medicine cup to the compressor tubing.



4. Place the mouthpiece in your mouth or place the face mask over your nose and mouth. Breathe through your mouth until all of the medicine is gone.

Ask your healthcare provider or pharmacist if you should wear gloves when you use a nebulizer to give medicine to someone else.

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