

COPD Patient Education



Calgary COPD & Asthma Program

www.ucalgary.ca/asthma

403-944-8742

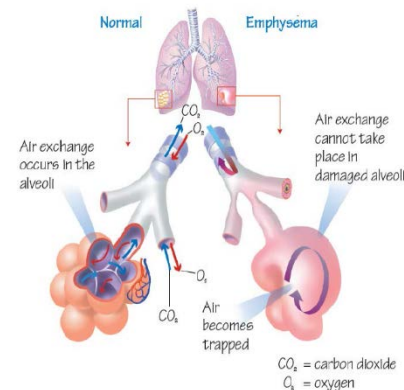
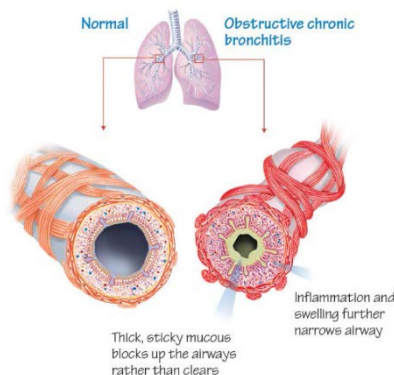
What is COPD?

“Chronic Obstructive Pulmonary Disease (COPD) is a disease that makes it hard to move air into and out of your lungs. It is a disease that makes breathing difficult and sometimes frightening struggle.”

COPD includes two major diseases:

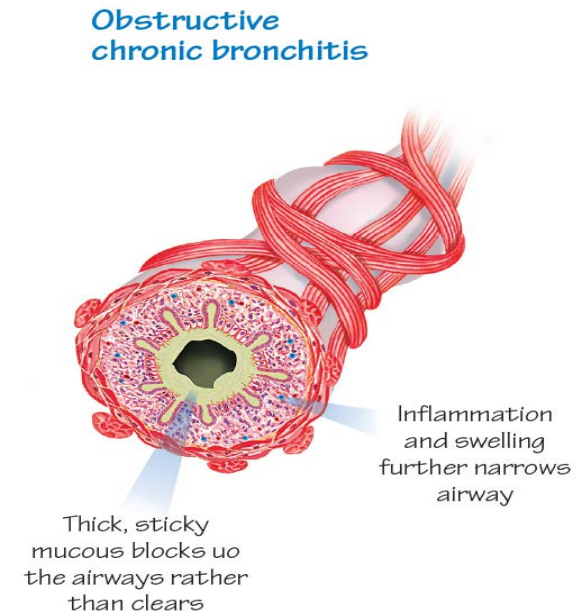
1. Chronic Bronchitis
2. Emphysema

Some people with **COPD** suffer from both chronic bronchitis and emphysema. Both make it harder to breath and can cause breathlessness. There are differences between chronic bronchitis and emphysema.



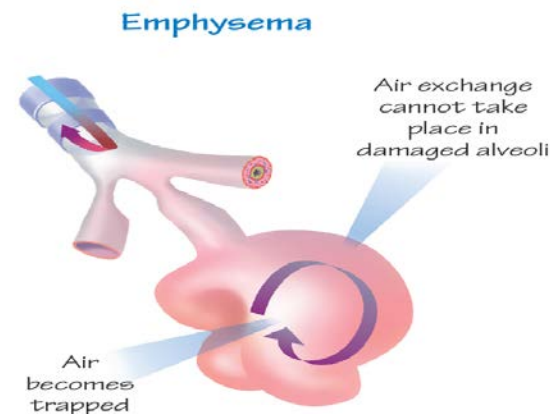
What is Chronic Bronchitis?

- **Chronic Bronchitis**: inflammation of the airways in your lungs that leaves them irritated. Because of the irritation, the glands in the airways produce extra mucus, which then blocks the airways. The result is that you cough, spit and work hard to breath
- **Signs & Symptoms**: sputum everyday, frequent coughing, wheezing, shortness of breath when exercising or during daily activities



What is Emphysema?

- **Emphysema**: occurs when large air pockets develop in your lungs. These pockets damage and destroy lung tissue, causing the lung to lose its “stretch”. Normal lung tissue can expand and “snap back” like a rubber balloon. This stretch allows you to exhale air from your lungs after you inhaled. If you have emphysema, however, air becomes trapped in your lungs. The result is that you struggle to catch a breath and often feel tired
- **Signs & Symptoms**: shortness of breath when exercising or during daily activities



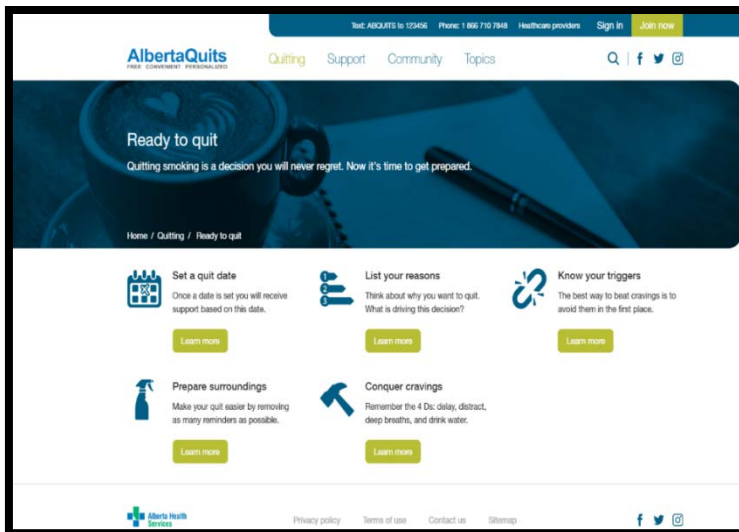
What causes COPD?

- COPD is caused by cigarette smoking (80-90 percent of people with COPD smoke or have smoked). A small percentage may be due to occupational exposure to dust and fumes, and possibly outdoor air pollution
- Rare cause of **Alpha 1 Deficiency**, a gene deficiency which causes emphysema even if you've never smoked or been around second hand smoke

Although COPD cannot be cured, there are ways you can manage COPD and treat your symptoms.

Prevent the Progression

- **Quitting smoking** is the single best way to prevent and slow the progression of COPD. It is never too late to “butt out.” Although your lungs are already damaged, you will usually prevent more lung damage if you stop smoking
- Quitting will be one of the hardest things you will ever do. The most likely to succeed quit attempts are those where the quit attempt starts out with as many supports in place as possible
- [AlbertaQuits](https://albertaquits.ca) has great resources and information

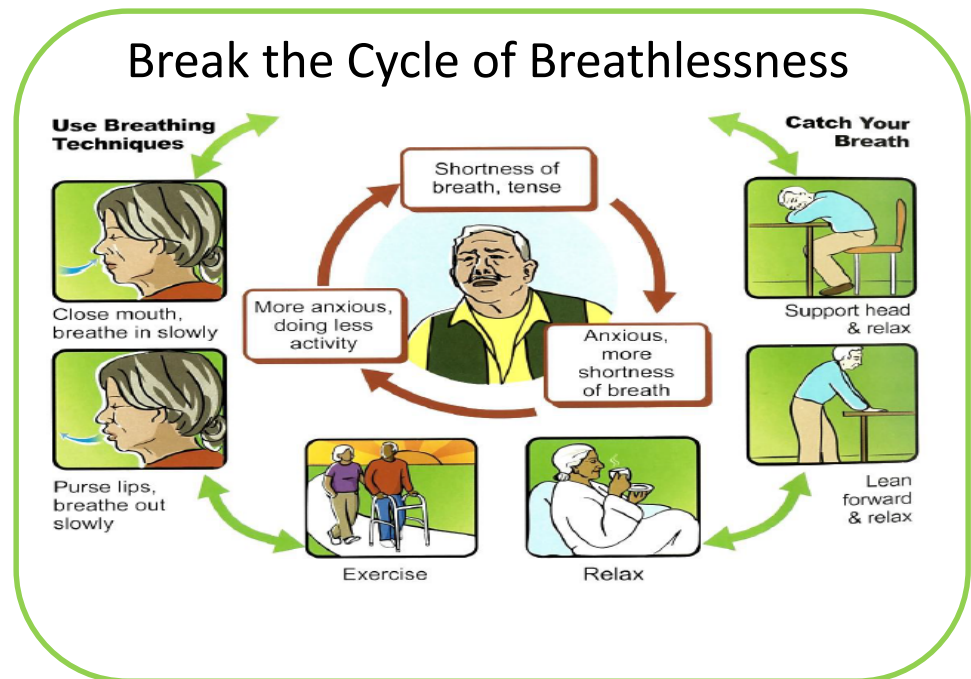


Exercise Can Improve Breathlessness

- One of the most common problems with COPD is shortness of breath. Due to the shortness of breath people with COPD tend to avoid exercise. A downward cycle of less activity and more breathlessness is the result
- To ensure that you have the energy and muscle power you need, plus something left over for daily living, you should be as physically fit as possible
- Your exercises do not have to be fancy or complicated, but you do have to do them regularly.
- Stretching and breathing exercises, plus a daily walk, are a good place to start
- Here in Calgary are two Pulmonary Rehabilitation Exercise Program speak to your healthcare professional to get a referral

Helpful Tips

- Tension, anxiety and worry can make you feel more tired and short of breath
- It is important that you don't feel rushed
- Use your breathing exercises, and practice a relaxation technique to help break the cycle



COPD Medications

- Medications **cannot** cure **COPD** but they can relieve symptoms
- Different types of medications treat different symptoms
- When symptoms are under control, you will feel better
- For medications to work, you must take them as instructed by your doctor

Basic COPD Medications

- Bronchodilators: For relief and maintenance
- Anti-Inflammatories: Infections
- Vaccines for flu/pneumonia: For prevention
- Supplemental Oxygen: A helper



Take your medication
as prescribed*



Enjoy exercise
regularly



Get your flu and/or
pneumonia shot

**Staying Strong and Healthy
Helps You Manage Your COPD**



Work with your healthcare team

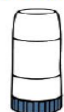
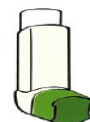






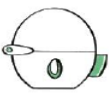
















Eat healthy



Reduce infection

Select COPD Devices and Medications

RESCUE	QUICK-ACTING bronchodilators  Bricanyl® (terbutaline)					 Atrovent® (ipratropium)				
	 Airomir® (salbutamol)					 Ventolin® (salbutamol)				
DAILY	Short-Acting Beta2 Agonists (SABA)					Short-Acting Muscarinic Antagonists (SAMA)				
	LONG-ACTING bronchodilators									
DAILY	 Tudorza® (aclidinium)					 Incruse™ (umeclidinium)				
	 Seebri® (glycopyrronium)					 Foradil® (formoterol)				
DAILY	 Spiriva® (tiotropium)					 Onbrez® (indacaterol)				
	 Spiriva® (tiotropium)					 Serevent® (salmeterol)				
DAILY	 Serevent® (salmeterol)					 Striverdi® (olodaterol)				
	Long-Acting Muscarinic Antagonists (LAMA)					Long-Acting Beta2-Agonists (LABA)				
DAILY	COMBINATION medications									
	 Duskair® (aclidinium/formoterol)					 Anoro® (umeclidinium/vilanterol)				
DAILY	 Inspiro™ (tiotropium/olodaterol)					 Utiibro® (indacaterol/glycopyrronium)				
	LABA/LAMA					 Symbicort® (budesonide/formoterol)				
DAILY	 Advair® (fluticasone/salmeterol)					 Breo® (fluticasone/vilanterol)				
	Inhaled corticosteroids ICS/LABA					 Combivent® (ipratropium/salbutamol)				
DAILY	 Combivent® (ipratropium/salbutamol)					SABA/SAMA				
	ORAL medications <ul style="list-style-type: none"> • aminophylline/theophylline tablets/liquid (Theolair, Uniphy®, etc.) • Daxas® (roflumilast) tablets • prednisone 									
DAILY	OTHER supportive measures <ul style="list-style-type: none"> • antibiotics for the treatment of purulent AECOPD (Acute Exacerbations of Chronic Obstructive Pulmonary Disease) • flu vaccine • oxygen • pneumonia vaccine • pulmonary rehabilitation 									

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COPD Medications

	I Take :	My Dose	What it Does	Side Effects ⁺	Comments
Reliever as needed	Airomir® Bricanyl® Salbutamol Ventolin®		<ul style="list-style-type: none"> Relaxes muscles in the airways Works within minutes when needed Used before activity to prevent attacks 	<ul style="list-style-type: none"> tremor(hands shake) fast heart rate nervousness headache weakness/dizziness sweating 	Keep with you at all times for use <ul style="list-style-type: none"> During lung attacks/flare-ups Episodes of shortness of breath Episodes of difficulty breathing Use spacer with all MDIs*
Long acting Bronchodilator	Tudorza® Seebri® Spiriva® Incruse®		<ul style="list-style-type: none"> Relaxes muscles in the airways 	<ul style="list-style-type: none"> dry mouth/throat constipation trouble urinating headache 	<ul style="list-style-type: none"> Avoid getting the powder in your eyes Avoid getting Respimat mist in your eyes If trouble urinating, stop medication and see your Doctor
	Serevent® Onbrez® Oxeze®		<ul style="list-style-type: none"> Relaxes muscles in the airways 	<ul style="list-style-type: none"> headache tremor(hands shake) fast heart rate muscle cramps 	<ul style="list-style-type: none"> Varied onset
	Anoro® Duaklir® Inspiolto® Ultibro®		<ul style="list-style-type: none"> Relaxes muscles in the airways 	<ul style="list-style-type: none"> dry mouth/throat trouble urinating headache tremor (hands shake) fast heart rate muscle cramps 	<ul style="list-style-type: none"> 2 medications in one device Once daily usage Avoid getting the powder/Mist in your eyes

Revised December 2018

COPD Medications

	I Take :	My Dose	What it Does	Side Effects ⁺	Comments
Combination preventer	Advair® Breo® Symbicort®		<ul style="list-style-type: none"> Regular use decreases inflammation (swelling) of the airways Relaxes muscles in the airways Meant only for people who experience frequent flare-ups 	<ul style="list-style-type: none"> hoarse voice sore throat oral thrush headache tremor (hands shake) fast heart rate muscle cramps dry mouth/throat trouble urinating 	<ul style="list-style-type: none"> Rinse, gargle, and spit after each use Take regularly to control inflammation and relax muscles in airway Carries a slight increased risk of pneumonia Use spacer with all MDIs*
preventer + bronchodilator	Trelegy®		<ul style="list-style-type: none"> Regular use decreases inflammation (swelling) of the airways Relaxes muscles in the airways Long acting once/day medication (24hrs) 	<ul style="list-style-type: none"> hoarse voice sore throat oral thrush headache tremor (hands shake) fast heart rate muscle cramps 	<ul style="list-style-type: none"> Rinse, gargle, and spit after each use Avoid getting medication into eyes Take regularly to control inflammation and relax muscles in airway Carries a slight increased risk of pneumonia If trouble urinating, stop use and see your Doctor
Short-acting bronchodilator	Atrovent® Combivent®		<ul style="list-style-type: none"> Relaxes muscles in the airways Starts working within 30 minutes Lasts 6 hours 	<ul style="list-style-type: none"> dry mouth, bad taste tremor (hands shake) headache blurred vision stuffy nose trouble urinating 	<ul style="list-style-type: none"> Rinse mouth with water if bothered by dryness or bad taste in mouth Avoid getting medication into eyes If trouble urinating, stop use and see your Doctor Use spacer with all MDIs* Combivent contains Atrovent <i>and</i> Ventolin
Potent Anti-inflammatory	Prednisone		<ul style="list-style-type: none"> Rapidly decreases inflammation of the airways Usually taken for 5-10 days 	<ul style="list-style-type: none"> <i>short term use:</i> increased appetite, weight gain, mood change, easy bruising <i>long term use:</i> increase blood pressure, round face, osteoporosis 	<ul style="list-style-type: none"> Used short term for severe worsening of breathing Take once a day with morning meals If taken longer than 2 weeks, dose may be "tapered" (decrease the amount slowly rather than stop suddenly)

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www.ucalgary.ca/asthma

*MDI + Meter Dosed Inhaler

+Included are most common side effects, may not be complete list.

Revised December 2018


Why use a Spacer?

AeroChamber[®]
MAX[®]
... BREATHE EASIER

AeroChamber[®] family of Valved Holding Chambers (VHC) ensure that inhaled medication gets where it's needed... **in the lungs**

Inhaler Alone

Many patients do not use their inhaler properly. Not enough medication reaches the lungs.¹

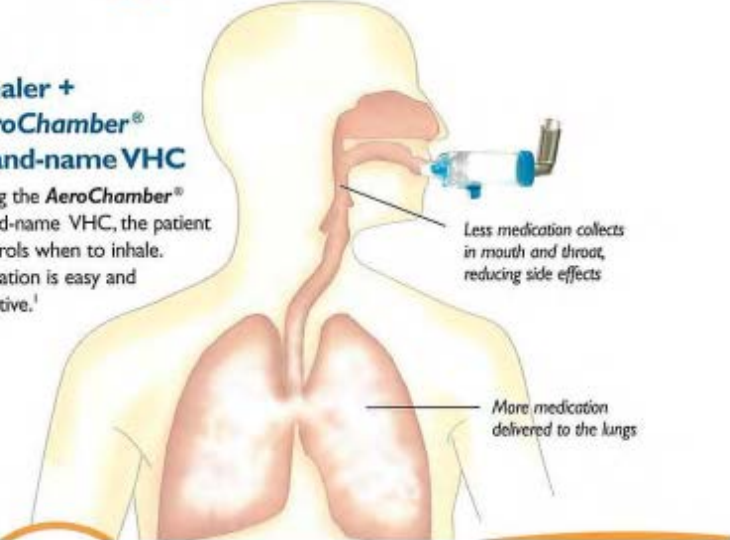


Medication collects in mouth and throat

To be effective, medication must reach the lungs

Inhaler + AeroChamber[®] brand-name VHC

Using the AeroChamber[®] brand-name VHC, the patient controls when to inhale. Inhalation is easy and effective.¹



Less medication collects in mouth and throat, reducing side effects


More medication delivered to the lungs

MDI with Spacer


Click [here](#) to watch the video.
Click [here](#) to print instructions.

METERED DOSE INHALER (MDI)


INHALER / "PUFFER" WITH SPACER & MOUTHPIECE




1
OPEN



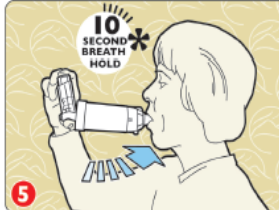
2
SHAKE




3
INSERT, BREATHE OUT




4
PRESS DOWN



5
SLOW DEEP BREATH IN & HOLD



6
REMINDER



7
RINSE & SPIT

IMPORTANT INFORMATION

Note: Using an inhaler without a spacer is **NOT** recommended.
Place mouthpiece between your teeth and close your lips.
*If you are not able to hold your breath, take 6 normal breaths.

Spacers: Replace spacer if valves are missing or broken. Suggest replacing spacer yearly.
Whistle: The whistle sound is a warning to SLOW your breathing.
Cleaning: Every 2 weeks. Soak in warm soapy water for 15 minutes, remove from water, shake and let air dry.

Empty?: Shake it. If it feels light or you do not feel liquid moving, it is empty and needs to be replaced. Some devices have counters. "0" means it is empty. Throw it away.


Expired?: Pull the metal canister out of the plastic sleeve to check the expiry date on the canister.

Reminder: Replace cap on plastic sleeve to store MDI.

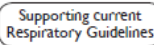
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Alberta Health
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Calgary COPD &
Asthma Program




JUNE 2016


Turbuhaler


Click [here](#) to watch the video.
Click [here](#) to print instructions.


DRY POWDER INHALER


TURBUHALER



1
REMOVE COVER



2
TURN ONE WAY


3
TURN BACK
CLICK!


4
BREATHE OUT


5
10
SECOND
BREATH
HOLD
DEEP BREATH IN & HOLD


6
RINSE & SPIT


7
REPLACE COVER

IMPORTANT INFORMATION

Note: Place mouthpiece between your teeth and close your lips.

Empty?: The window on the device starts to show red when there are 20 doses left. When red reaches bottom, it is empty. Throw it away.
The window on some devices also shows a "0" when it is empty. Throw it away.

Expired?: Remove the cap to check the expiry date on the device.


Reminders: Keep the Turbuhaler dry.
Do not breathe into the device.
Replace the cap after use.

Cleaning: Wipe mouthpiece with a dry tissue or cloth.



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Diskus

Click [here](#) to watch the video.
Click [here](#) to print instructions.

DRY POWDER INHALER
DISKUS

IMPORTANT INFORMATION

Note: Place mouthpiece between your teeth and close your lips.

Empty?: The window has numbers that count down the dose – “0” means it is empty. Throw it away.

Expired?: Check the expiry date on the back of the device.

Reminders: Keep the Diskus dry.
Do not breathe into the device.
Close after use.

Cleaning: Wipe mouthpiece with a dry tissue or cloth.

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Ellipta

Click [here](#) to watch the video.
Click [here](#) to print instructions.

DRY POWDER INHALER

ELLIPTA

1 SLIDE OPEN AND HEAR "CLICK"

2 BREATHE OUT

3 DEEP BREATH IN AND HOLD
10 SECOND BREATH HOLD

4 DO NOT BLOCK AIR VENTS

5 BREATHE OUT

6 CLOSE INHALER

7 RINSE, GARGLE AND SPIT

IMPORTANT INFORMATION

Note: Place mouthpiece between your teeth and close your lips.

Empty?: The window has numbers that count down the dose – "0" means it is empty. Throw it away.

Expired?: Check the expiry date on the back of the device.

Reminders: Keep the device dry.
Do not breathe into the device.
Take once daily – same time every day.
Do not block air vents with your fingers.

Cleaning: Wipe mouthpiece with a dry tissue or cloth.

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MAY 2014

02/05/2020

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SOFT MIST INHALER

RESPIMAT - DAILY USE

1 **T** TURN
CLICK!
KEEP CAP CLOSED
TURN BASE

2 **O** OPEN
FLIP OPEN CAP

3 BREATHE OUT

4 **P** PRESS
START SLOW BREATH,
PRESS BUTTON,
KEEP BREATHING IN
10" SECOND BREATH HOLD

5 CLOSE CAP

6 REMINDER
If another puff is prescribed,
Repeat #1-5

IMPORTANT INFORMATION

Note: Place mouthpiece between your teeth and close your lips.

Empty: The base has a dose tracker – "0" means it is empty. Base will lock. Throw it away.

Expired: Check the expiry date on the device.

Reminders: If Respimat isn't used for 1 week, **PRIME 1 TIME** (See Reverse Side).
If Respimat isn't used for 3 weeks, **PRIME 3 TIMES** (See Reverse Side).
Do not get mist in eyes.

Cleaning: Wipe mouthpiece with a dry tissue or cloth.

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FEBRUARY 2015

Respimat

Click [here](#) to watch the video.

Click [here](#) to print instructions.

SOFT MIST INHALER

RESPIMAT - LOADING AND PRIMING

LOADING: REQUIRED ONCE, PRIOR TO FIRST USE

1 PRESS SAFETY CATCH AND PULL OFF CLEAR BASE.

2 INSERT NARROW END OF CARTRIDGE UNTIL IT CLICKS. FIRMLY PRESS AGAINST A HARD SURFACE TO ENSURE IT IS SECURELY IN PLACE.

3 REPLACE CLEAR BASE.

PRIMING CARTRIDGE: REQUIRED ON FIRST USE, FOLLOW T.O.P.

4 **T** TURN
CLICK!
TURN BASE UNTIL YOU HEAR "CLICK"

5 **O** OPEN
FLIP OPEN CAP

6 **P** PRESS
POINT DOWNWARD AND PRESS BUTTON

7 REMINDER

- Close cap
- Repeat steps 4-6 until a cloud is visible
- Then repeat 3 more times before use

Note: If Respimat isn't used for 1 week, **PRIME 1 TIME** (Steps 4-6).
If Respimat isn't used for 3 weeks, **PRIME 3 TIMES** (Steps 4-7).
Always keep cap closed when turning to avoid accidental activation of device.
Do not get mist in your eyes.


FEBRUARY 2015

Genuair


Click [here](#) to watch the video.
Click [here](#) to print instructions.

DRY POWDER INHALER


GENUAIR




1
REMOVE CAP




2
PUSH GREEN BUTTON



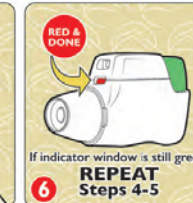
3
RELEASE GREEN BUTTON



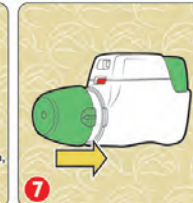
4
BREATHE OUT



5
STRONG DEEP BREATH IN
10 SECOND BREATH HOLD
CLICK!



6
RED & DONE
If indicator window is still green,
REPEAT Steps 4-5



7
REPLACE CAP

IMPORTANT INFORMATION

Note: Place mouthpiece between your teeth and close your lips.

Empty!: The window has numbers that count down the dose – “0” means it is empty. Throw it away.

Expired?: Check the expiry date on the side of the device.


Reminders: Keep the device dry.
Do not breathe into the device.
Replace cap after use.

Cleaning: Wipe mouthpiece with a dry tissue or cloth.
Take every 12 hours.
Colour window should turn red with deep breath in.
If it stays green, ensure you have released green button and repeat steps 4-5.


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MAY 2014

Breezhaler


Click [here](#) to watch the video.
Click [here](#) to print instructions.

DRY POWDER INHALER


BREEZHALER




1 PULL OFF CAP




2 FLIP MOUTHPIECE TO OPEN




3 INSERT CAPSULE




4 FLIP MOUTHPIECE TO CLOSE




5 PRESS AND LET GO




6 BREATHE OUT



7 FAST DEEP BREATH IN & HOLD



8 REMINDER



9 THROW AWAY

IMPORTANT INFORMATION

Expired?: Check the expiry date on the box or on the pack that holds the capsules.

Reminders: Keep the Breezhaler dry. Clean with dry cloth only.

Do not breathe into the device.

Capsules are sensitive to light, moisture and extreme temperatures.

Make sure to remove only **ONE** capsule from the pack at a time.

Do not touch **USED** capsules.


If the dry powder gets on your hands, make sure you wash your hands thoroughly.

Breezhaler device is recyclable.


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APRIL 2014

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Handihaler

Click [here](#) to watch the video.
Click [here](#) to print instructions.

DRY POWDER INHALER

HANDIHALER

1 OPEN

2 LIFT

3 INSERT CAPSULE

4 CLOSE

5 PRESS ONCE & LET GO

6 BREATHE OUT

7 DEEP BREATH IN & HOLD
10 SECOND BREATH HOLD

8 REPEAT
STEPS 6-7
REMINDER

9 THROW AWAY

10 CLOSE

IMPORTANT INFORMATION

Note: Place mouthpiece between your teeth and close your lips.

Expired?: Check the expiry date on the box or on the pack that holds the capsules.

Reminders: Keep the HandiHaler dry.
Capsules are sensitive to light, moisture and extreme temperatures.
Make sure to remove only **ONE** capsule from the pack at a time.
Do not breathe 'out' into the device.
Inhale twice from the same Spiriva capsule.
If the dry powder gets on your hands, wash your hands because the powder may irritate your eyes.
Cleaning: Wipe mouthpiece with a dry cloth or tissue.

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What is a COPD Action Plan?

My COPD Action Plan _____ Date _____
 Patient's Copy (Patient's Name)

Canadian Respiratory Guidelines COPD

This is to tell me how I will take care of myself when I have a COPD flare-up.

My goals are _____

My support contacts are _____ and _____
 (Name & Phone Number) (Name & Phone Number)

My Symptoms	I Feel Well	I Feel Worse	I Feel Much Worse
I have sputum.	My usual sputum colour is: _____	Changes in my sputum, for at least 2 days. Yes <input type="checkbox"/> No <input type="checkbox"/>	My symptoms are not better after taking my flare-up medicine for 48 hours.
I feel short of breath.	When I do this: _____	More short of breath than usual for at least 2 days. Yes <input type="checkbox"/> No <input type="checkbox"/>	I am very short of breath, nervous, confused and/or drowsy, and/or I have chest pain.
My Actions	Stay Well	Take Action	Call For Help
	I use my daily puffers as directed.	If I checked 'Yes' to one or both of the above, I use my prescriptions for COPD flare-ups.	I will call my support contact and/or see my doctor and/or go to the nearest emergency department.
	If I am on oxygen, I use _____ L/min.	I use my daily puffers as usual. If I am more short of breath than usual, I will take _____ puffs of _____ up to a maximum of _____ times per day.	I will dial 911.
Notes:		I use my breathing and relaxation methods as taught to me. I pace myself to save energy.	Important information: I will tell my doctor, respiratory educator, or case manager within 2 days if I had to use any of my flare-up prescriptions. I will also make follow-up appointments to review my COPD Action Plan twice a year.
		If I am on oxygen, I will increase it from _____ L/min to _____ L/min.	

THE LUNG ASSOCIATION* L'ASSOCIATION PULMONAIRE CANADIAN THORACIC SOCIETY SOCIÉTÉ CANADIENNE DE THORACOLOGIE

Produced in collaboration with the COPD & Asthma Network of Alberta (CANAA). The Canadian Thoracic Society (CTS) acknowledges the past contributions of Living well with COPD and the Family Physician Airways Group of Canada. PART 1 OF 2

- A COPD Action Plan will tell you how to manage your COPD flare-ups or lung attacks
- It will help you and your caregivers to recognize and act to treat your flare-ups. This will keep your lungs and you as healthy as possible
- Click [here](#) to print a copy

Recognize Flare-ups or Lung Attacks

- A flare-up or lung attack is when your COPD symptoms get worse for at least 48 hours leading to an increase in the use of maintenance medications and/or adding in additional medications such as antibiotics/prednisone
- Often triggered by infections like colds or the flu, and also by air pollution

Warning Signs of a Flare-Up or Lung Attack

1. Increase in the amount, thickness or stickiness of sputum.
2. Change in the color of the sputum to yellow, green or brown.
3. Fever
4. Becoming more short of breath.
5. General feeling of being unwell.
6. Increased ankle swelling and sudden weight gain.
7. Problems sleeping or the need to sleep sitting up.

If you have any increase or change in your:



Coughing/wheezing



Shortness of breath

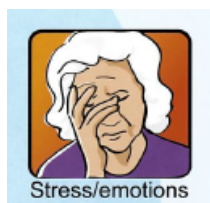
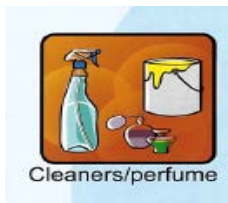


Mucus production

Follow your COPD action plan.

Prevent Flare-ups or Lung Attacks

Avoid environmental factors that may trigger symptoms which may include:



- These factors can worsen symptoms, especially shortness of breath
- You may also have some coughing and/or an increase in sputum
- If you can't avoid a trigger you can use your short-acting bronchodilator 20 to 30 minutes before you are exposed to the trigger

Avoid people who are sick , hand wash regularly throughout the day, exercise regularly, get enough sleep ,eat well, take medications as prescribed and get a yearly flu shot.



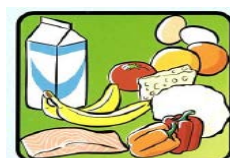
Take your medication
as prescribed*



Enjoy exercise
regularly



Get your flu and/or
pneumonia shot



Eat healthy



Reduce infection

Treating Flare-ups or Lung Attacks

Begin Treatment for a Flare-up



- Flare-ups can begin quite suddenly and unexpectedly, it is a good idea to have worked out an **Action Plan** beforehand with your doctor
- Your action plan might involve keeping a supply/prescription of antibiotics or oral anti-inflammatories on hand at home from your doctor on how to use them if a flare-up occurs. ***when you start an antibiotic , make sure that you finish entire treatment**



- If you do not have a supply/prescription of antibiotics or oral anti-inflammatories on hand at home then you will need to see your family doctor or go to urgent to be assessed and given the medications needed
- The sooner you get started on the medication to treat your flare-up the chance of getting seriously ill and ending up in hospital is a lot less



- Follow up with your doctor within 2 days after using any of your prescriptions for a COPD flare-up



If:	What should I do?
<ul style="list-style-type: none"> • My symptoms have worsened. • After 48 hours of treatment my symptoms are not better. 	<ul style="list-style-type: none"> • Notify my contact person and/or see my doctor. • After 5 pm or on the weekend, go to the hospital emergency department (Tel: _____).
<ul style="list-style-type: none"> • I am extremely short of breath, agitated, confused and/or drowsy, and/or I have chest pain. 	<ul style="list-style-type: none"> • Dial 911 for an ambulance to take me to the hospital emergency department.



Exercise and Health Videos

“Let’s Maintain Your EnAIRgy!” is a series of exercise and health videos specifically designed and approved by health professionals for people living with COPD, whether it is emphysema or chronic bronchitis. The exercises suggested herein are all safe for you to perform. These clips were created by the Centre hospitalier universitaire de Sherbrooke (CHUS), and funded by the Fonds Brigitte-Perreault from the CHUS Foundation in collaboration with the Living Well with COPD program.

Series of Exercise Programs Videos (Click link to Watch)

- [Introduction](#)
- [Safety measures](#)
- [Flexibility Exercises](#)
- [Exercise Program 1 – Beginner](#)
- [Exercise Program 2- Intermediate](#)
- [Learn the Techniques to Reduce Breathlessness](#)
- [Save Energy](#)



COPD and COVID-19

- Click [here](#) to print a copy of “Managing COPD During COVID-19”
- Click [here](#) to watch the video “Ask the Expert”

BREATHE
the lung association

MANAGING COPD DURING COVID-19

FOLLOW YOUR ACTION PLAN AND TAKE MEDICATIONS AS PRESCRIBED.

HAVE ONE-MONTH SUPPLY OF YOUR COPD MEDICATIONS.

DON'T STOCK UP ON SALBUTAMOL IF YOU DON'T NEED IT.

DON'T DISCARD MEDICATIONS THAT HAVE EXPIRED IN THE PAST SIX MONTHS UNTIL YOU OBTAIN NEW ONES.

ASK IF A SUBSTITUTE IS AVAILABLE.

I HAVE MY REGULAR PRESCRIPTION.

- Continue to take your regular maintenance controller medication as prescribed.
- Ensure you have a **one-month supply** of your COPD medication and keep track of your supply. Give yourself enough time to refill.
- Consider having the pharmacy or a caregiver deliver your medication to you, so you can continue to stay at home.
- Don't stock up on salbutamol inhalers** if you do not need it.
- Expect to only receive a one-month supply when you go for a refill.
- Track your doses when you do use salbutamol.
- Use all of the salbutamol inhalers you have available before refilling. Use ones with earliest expiry first.

I ONLY HAVE ACCESS TO EXPIRED PRESCRIPTIONS.

- Don't discard your medications (expired within the last 6 months) until you obtain a new one.
- If you use expired (in the last 6 months) reliever inhaler, it may be less potent. Be sure to contact your healthcare provider if you do not feel relief.
- Use a Diskus inhaler even if it has been removed from the wrapper more than 60 days ago.


I CAN'T GET A REFILL FOR MY REGULAR PRESCRIPTIONS.

- Talk to your regular healthcare provider and ask if a substitute prescription is available.


The Lung Association - Alberta & NWT is here for you.
For more information about COVID-19 visit www.ab.lung.ca/covid19

AB.LUNG.CA/COVID19


Coronavirus Disease 2019 (COVID-19) Top Tips




Wash your hands often with soap and water for at least 20 seconds.
It's the most effective way to protect yourself. If soap and water aren't available, use hand sanitizer containing at least 60% alcohol.




Avoid close contact with people who are sick.




Avoid touching your eyes, nose, and mouth.




Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.




If you aren't feeling well, stay home.
This includes visiting the doctor's office. Don't show up unannounced at your family doctor's office. Call first to ask if you should come in.



Follow public health advice on school closures, avoiding crowds, and other social distancing measures to limit spread of Coronavirus (COVID-19).



Cough or sneeze into your elbow, or use a tissue and throw it in the trash. Then, immediately wash your hands with soap and water for at least 20 seconds.




Save facemasks for sick patients and health care professionals. Masks are currently in short supply. If you aren't sick, you don't need a facemask unless you are caring for someone who is sick and can't wear a mask themselves.

LIVING WELL WITH
PULMONARY FIBROSIS
AT ALBERTA

Living Well with
COPD
AT ALBERTA

LIVING WELL WITH
SEVERE ASTHMA
AT ALBERTA



Symptoms of COVID-19

- Anyone who has these symptoms **must** self-isolate for a minimum of 10 days or until symptoms resolve, whichever is longer.




More Information on COVID-19

The following links contain updated information from Alberta Health Services.

- [Updates](#) on COVID-19 virus
- COVID-19 [Self Assessment Tool](#): Use this tool to help determine whether you should be tested for COVID-19

Patient History Form



Calgary COPD & Asthma Program
HISTORY FORM

PLACE LABEL HERE

AHC NUMBER _____

FAMILY PHYSICIAN _____

Date of Visit:	Name Patient:
Daytime Phone #:	Cell Phone #:

What best describes what your doctor would say about your lungs?

☐ COPD ☐ Asthma ☐ Smoker at Risk ☐ Cough ☐ Other: _____

In what year did you first develop breathing problems? _____

What are your main concerns today about your breathing problems?

Do you have a history of: ☐ Asthma ☐ Childhood chest illness ☐ Heart disease
(check all that apply)

Is there a family history of lung disease? ☐ No ☐ Yes (If Yes, check all that apply below)

Relationship	COPD	Asthma	Chronic Bronchitis	Emphysema	Other	Don't know
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sister/Brother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you had a:

Flu vaccine ☐ No ☐ Yes Date of vaccine: _____

Pneumonia vaccine ☐ No ☐ Yes Date of vaccine: _____

How many chest colds or episodes of bronchitis have you experienced in the last 2 years? _____

<p>How many times in the last 12 months have you:</p> <p>been to your family doctor, walk-in clinic or emergency department for URGENT treatment of your breathing? _____</p> <p>been hospitalized for treatment of your breathing? _____</p> <p>taken prednisone for treatment of your breathing? _____</p> <p>taken antibiotics for treatment of your breathing? _____</p>	<p>#Times</p> <p>_____</p> <p>_____</p> <p>_____</p>
--	--

Have you ever had an occupation or hobby that you think made your breathing worse?

☐ No ☐ Yes ☐ Don't Know

What was it? _____

Have you ever been:

Admitted to an Intensive Care Unit for **your breathing**? ☐ No ☐ Yes

On a life support machine for **your breathing**? ☐ No ☐ Yes

Do you experience **heartburn** or **gastroesophageal reflux (GERD)**? ☐ Yes ☐ No

Have you ever had any of the following: (Check all that apply)

☐ Hayfever ☐ Eczema ☐ Hives ☐ Allergies ☐ Runny/Stuffy nose

☐ Post-nasal drip ☐ Aspirin allergy ☐ Nasal Polyps ☐ Sinusitis

Which of the following triggers your **breathing problems**? Check all that apply.

Circle all triggers you are uncertain about.

<input type="checkbox"/> Air pollution	<input type="checkbox"/> Damp places (mould)	<input type="checkbox"/> Menstrual cycle/periods – Females only
<input type="checkbox"/> Animals	<input type="checkbox"/> Dust mites/Dust	<input type="checkbox"/> Occupational chemicals
<input type="checkbox"/> Aspirin	<input type="checkbox"/> Exercise	<input type="checkbox"/> Pregnancy – Females only
<input type="checkbox"/> Certain Foods	<input type="checkbox"/> Food additives	<input type="checkbox"/> Strong emotions (hard laugh)
<input type="checkbox"/> Cigarette Smoke	<input type="checkbox"/> Grass/weeds/trees	<input type="checkbox"/> Strong odours (paint, perfume, etc.)
<input type="checkbox"/> Cold Air	<input type="checkbox"/> Infections/viruses/colds	<input type="checkbox"/> Weather changes

Is there a time of year when your breathing seems to bother you more? ☐ No ☐ Yes. If yes, when:

☐ Fall ☐ Winter ☐ Spring ☐ Summer

Are you around animals a lot? ☐ No ☐ Yes If yes, which ones?

☐ Cats ☐ Dogs ☐ Horses ☐ Hamsters/Gerbils ☐ Rabbits ☐ other: _____

Do you take any other therapies for your breathing or allergies? ☐ No ☐ Yes if yes, which ones?

☐ Acupuncture ☐ Naturopathy ☐ Chiropractic ☐ Homeopathy ☐ Other: _____

Do you have any concerns about your breathing medications? ☐ No ☐ Yes please explain:

Do you have insurance that covers a portion of your drug costs? ☐ No ☐ Yes

Does anyone in your home use tobacco or tobacco like products? ☐ Yes ☐ No If yes, who? _____

Do you currently use tobacco or tobacco-like products? ☐ Yes ☐ No

Use in the last year? ☐ Yes ☐ No

Use in the last 30 days? ☐ Yes ☐ No

Use anytime in the past? ☐ Yes ☐ No

How many years? _____ How many a day? _____ If you have quit, when did you quit? _____

Type of Tobacco/tobacco-like product (check all that apply)

☐ Cigarettes ☐ Pipe ☐ Marijuana/Cannabis

☐ Cigar/Cigarillo ☐ Smokeless Tobacco (chew/spit) ☐ Other (specify) _____

☐ Waterpipe (e.g. Hookah) ☐ E-cigarette/Vapes

During the past 12 months, have you stopped using tobacco or tobacco like products for 1 day or longer because you were trying to quit? ☐ Yes ☐ No

What treatments have you tried in the past to quit?

☐ Nicotine patch ☐ Gum ☐ Lozenge ☐ Inhaler ☐ Spray ☐ Zyban ☐ Champix ☐ Other (specify) _____

On a scale of 1-10 how important is changing your tobacco or tobacco-like product use?

(1 = not important, 10 = very important) circle

1 2 3 4 5 6 7 8 9 10

Would you like to set a quit day? ☐ Yes (Date: _____) ☐ No

New position statement was developed by the CTS COPD Steering Committees to help Canadian physicians optimize management for their patients during the COVID-19 pandemic.

[Click here to read the COPD Position Statement](#) – **APRIL 8, 2020**

Acknowledgements

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- [Breathe: The Lung Association](#)
- [Canadian Thoracic Society](#)
- [Community Pediatric Asthma Service](#)
- [Living Well with COPD](#)
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