

September – Week 1

Facing Fall Preventing Exacerbations and Staying Healthy

*“An ounce of prevention is worth a pound of cure.”
~~ Benjamin Franklin*

“Stat neb treatment and ABG’s in the Emergency Room – Stat neb treatment and ABG’s in the Emergency Room.” The voice of the ER unit secretary came across my pager.

It was 10:00pm on a cool fall night, the start of flu season. I walked into ER room six to find Steve, a man in his mid 60’s, sitting on the edge of the gurney, leaning forward, coughing hard and struggling to breathe. I took a sample of arterial blood to test his oxygen and carbon dioxide levels and I put it on ice. I’d run the sample later, but right now the most important thing was to give Steve some relief. I gave him a hand-held nebulizer, already misting with a medicine to open his lungs. He put it to his mouth and breathed it in.

I patted his shoulder and said, “Not doing too well tonight, are you? Have you been sick for a while?”

“Nope. I was... fine until... tonight. This came... out of... nowhere.”

“Hmmm...” I said. “Have you been coughing any more than usual over the last few days?”

Taking deeper breaths now and looking a bit more comfortable, Steve nodded.

“Have you been coughing anything up?”

“Well, yeah...”

“Was it different than usual? Color? Thick and sticky?”

Steve gave me kind of a dirty look, like I’d asked a strange question, one to those outside the respiratory world, it probably was. Then he said, “Come to think of it... I’ve been coughing up green stuff... for about a week.”

Steve was not a stupid man, nor was he careless. He had recently quit smoking and usually took pretty good care of himself, but he had no idea – nobody ever told him – that for him, a person with COPD, a change in cough and a change in the color of mucus is a major early warning sign of lung infection. If only Scott had only known what to watch for and sought help at the first sign of trouble he’d probably been able to make it through this infection with a day or two off work and

resting at home. But instead he was facing a three-day hospital stay and a week off of work.

One of the biggest concerns for a person with COPD is becoming sick, having an acute exacerbation (a period of worsened symptoms, usually due a respiratory infection), getting pneumonia, and going downhill and losing ground, never fully recovering to where they were.

As a person with COPD, your job is to be on the look-out for early warning signs of acute exacerbation. A cold or flu germ that is a mere inconvenience to somebody with normal healthy lungs can become a major problem for you, possibly leading to something very serious. But there are things you can do to stave off an acute exacerbation of COPD. This is not to say you'll be completely successful at doing so each and every time, but if you know what to avoid and what signs to watch for, you'll be in a much better position to minimize illness and keep on living your life.

Things you can do

Get your flu and pneumonia shot

Wash your hands

Use your own pen in public

Develop an action plan with your doctor.

Make an appointment with your doctor if you don't have one coming up in the early fall. At this appointment, ask him or her, "When do you want me to call you? Which ones of these early warning signs do you want to know about when I see them?" And, "When I call the office, how will your staff know that I'm more likely than many of your other patients to get really sick?"

Give yourself every chance you can to stay as healthy as possible this fall and winter. Do what you can to avoid infection, catch early warning signs, act upon them, and work in partnership with your doctor to stay well.

Do you know what to watch for?

Knowing early warning signs cannot only help you stay healthy, at home and independent, but it can save your life.

- Change in cough, more or less, or different
- Shortness of breath not relieved by your usual medication routine
- Change in amount of color of your sputum. Is it yellow, green, bloody or flecks of red? Your mucous should be clear or white.
- Unusual fatigue

- Aches
- If you have a pulse oximeter at home, if your saturations (your O₂ sats) are lower than usual.
- Sudden weight gain such as 3-5 lbs over night
- Swelling in the ankles or feet
- Morning dizziness, confusion, or headache not gone with meds such as Tylenol or Advil.
- Heartrate faster than usual (60-100 is normal with each person having their own “normal”) Know your normal.
- Your urine should be pale yellow and clear with no odor. If it is darker than usual and / or with a foul odor, you might have a urinary tract infection.
- Fever

Don't spend this fall and winter on the edge of a major exacerbation. If you know what to do and what signs to watch for, you can stop an infection in its tracks and get on with living.

Bonus box

Is it an allergy or a cold?

Symptoms	Airborne Allergy	Cold
Fever	Never	Rare
Headache	Rare	Rare
General Aches, Pains	Never	Slight
Fatigue, Weakness	Sometimes	Sometimes
Extreme Exhaustion	Never	Never
Stuffy, Runny Nose	Common	Common
Sneezing	Common	Common
Sore Throat	Sometimes	Common
Cough	Sometimes	Common, hacking
Chest Discomfort	Rare	Mild to moderate

Key points, or...If you don't remember anything else from this chapter, remember this...

People with COPD can, and must:

- Know the early warning signs of acute exacerbation

- Avoid lung infections
- Develop an action plan with your doctor about when to call and how to make sure the office staff pays attention

Ask yourself this...

Do I know the early warning signs of acute exacerbation?

This week...

Go to <http://www.breathingbetterlivingwell.com/basics/index.php> and print out the *COPD Stay Well Action Plan*. Show it to your doctor and talk about how you can stay healthy this fall and winter.

This chapter is an excerpt from Live Your Life with COPD – 52 Weeks of Health, Happiness and Hope. Jane M. Martin, BA, LRT, CRT. Infinity Publishing 2011.
<http://www.breathingbetterlivingwell.com/bookstore.php>