

Avera

MDI OptiChamber Diamond

PHILIPS
RESPIRONICS

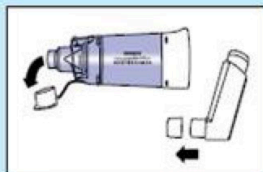
OptiChamber Diamond

OptiChamber Diamond helps you get your inhaler medicine into your lungs, where it works.

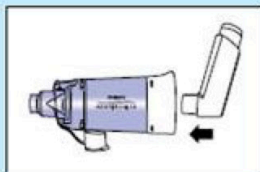
Please follow these instructions carefully, and also read the instructions for use inside the OptiChamber Diamond box.



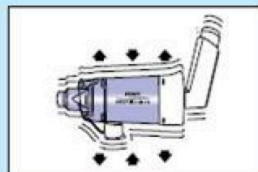
How to use your OptiChamber Diamond antistatic valved holding chamber



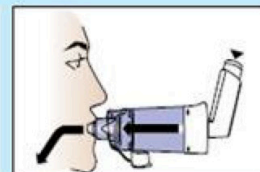
1. Remove the caps from the inhaler and the chamber.



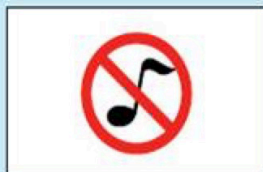
2. Insert the inhaler into the back of the chamber.



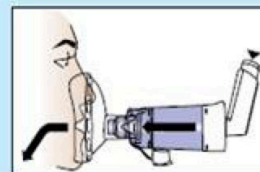
3. Shake the chamber and inhaler according to inhaler instructions.



4. Place lips around mouthpiece, form a tight seal and exhale. Spray one puff of medicine and immediately inhale slowly, taking a full deep breath.*



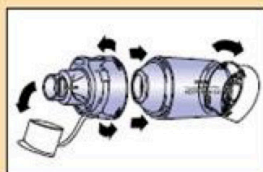
5. Hold your breath for up to 8 seconds, then exhale. If flow alert "whistle" sounds, inhale more slowly.



6. If using a mask, place over nose and mouth. Spray one puff of medicine and maintain seal for 5-6 breaths.*

* If instructed to take more than one puff, wait one minute, then repeat steps 4-6.

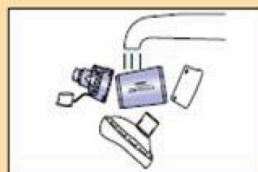
Clean your chamber and mask weekly



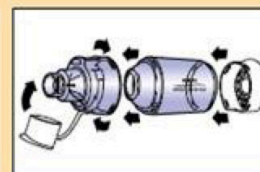
1. Remove cap, rotate mouthpiece to disassemble, remove end cap and mask (if used).



2. Agitate parts for 2 minutes, then soak for 10 minutes in warm soapy water.



3. Rinse parts with warm clean water and air dry.



4. Reassemble the chamber and store in a clean, dry place.

Some COPD medications can be taken in the form of a dry powder using a small, hand-held device called a dry powder inhaler (DPI). Dry powder inhalers deliver medication to the lungs as you inhale through the device.

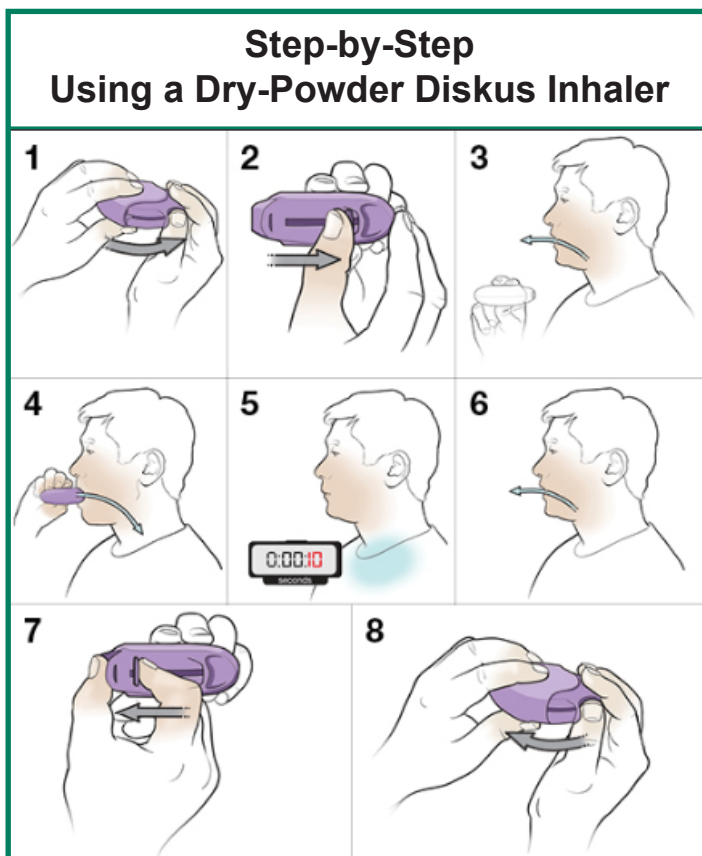
Loading the Medication

1. Hold the diskus in your left hand. Place the thumb of your right hand in the thumb grip. Push your thumb as far away from you as it will go. This action opens the diskus to expose the lever underneath.
2. Slide the lever away from you until it clicks. This action loads the dose of medication. You will see the dose counter decrease by one.
3. When the dose counter reads '00' there is no medicine left in the device.

Inhaling the Medication

Once you have your DPI loaded, follow these steps to inhale the medication:

4. Turn your head away from the diskus; breathe out as much air as you comfortably can.
5. Place the diskus mouthpiece in your mouth and breathe in strong and steady but not too fast, and fill your lungs completely.
6. Hold your breath for up to 10 seconds.
7. Remove the diskus from your mouth and exhale slowly.
8. Close the diskus by placing your thumb in the thumb grip and sliding the grip back toward you, as far as it will go. This action resets the inhaler for the next treatment.
9. If more than one dose is prescribed, repeat steps 1 through 7 for each dose.



© 2000-2017 The StayWell Company, LLC. 800 Township Line Road, Yardley PA 19067. All rights reserved. This information is not intended as a substitute for professional medical care. Always follow your healthcare professional's instructions.



Video Technique & Tips

Please view the following video demonstration for inhaler use:

<https://www.youtube.com/watch?v=VekJ3TTxcXU>

Caring for your DPI

- Keep your dry powder inhaler in a dry place at room temperature.
- Never place the DPI in water. It is important to keep your inhaler dry so that the powder doesn't clump together.
- Never shake or breathe into the DPI.
- Never use a spacer device with your DPI.
- When taking dry powder inhalers, you may not taste, smell, or feel the dry powder.
- If you are using a corticosteroid medication, rinse your mouth and gargle after using the DPI. Do not swallow.

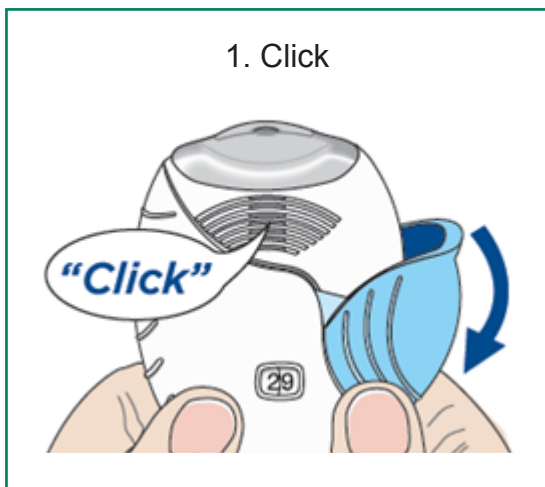
If you have questions at any time, please contact the Avera Respiratory Therapy department at 605-322-8612.

Relvar Ellipta is an inhalation powder used to relieve the symptoms of chronic obstructive pulmonary disease (COPD) in adults who have had exacerbations (flare-ups) of the disease in the past despite regular treatment.

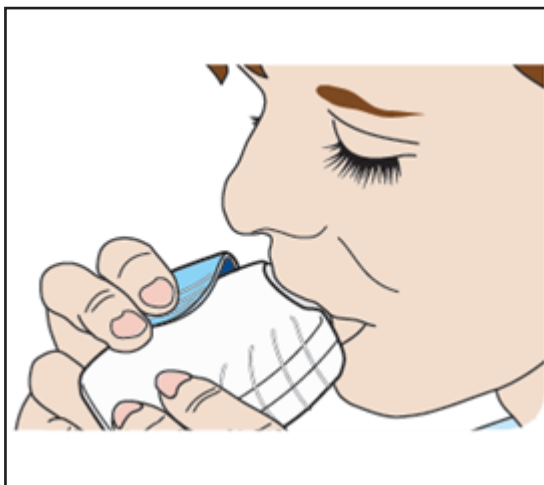
You do not need to prepare your Relvar Ellipta device in any special way. Just follow the step-by-step instructions. Only open the cover once you are ready to take a dose. If you open and close the cover without inhaling the medicine dose will be lost.

Inhaling the Medication

1. Slide the cover down until you hear a 'click.'

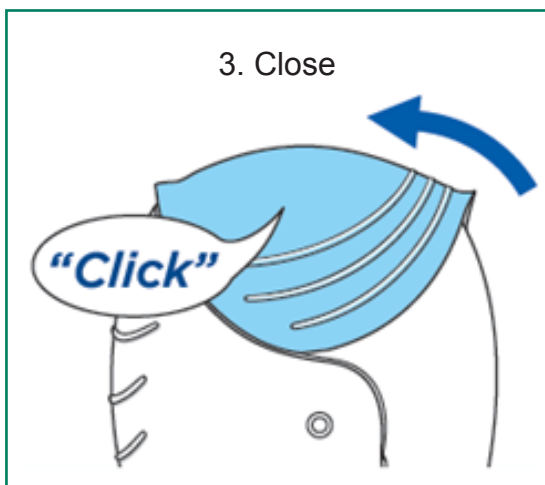


2. While holding the inhaler away from your mouth, breathe out as far as comfortable.
3. Put the mouthpiece between your lips, and close your lips firmly around it.
4. Take one long, steady, deep breath in and hold this breath for at least 3-4 seconds.



5. Remove the inhaler from your mouth and breathe out slowly and gently.

5. Slide the cover upwards as far as it will go to cover the mouthpiece. You will hear a 'click' noise when the cover is secure.



Video Technique & Tips

- You may not feel or taste the medicine, even if you have taken the dose correctly.
- Do not shake the device, block the air vents with your fingers, or breathe out into the device.
- The dose counter will count down by one unit at a time. **Remember to collect your new device before you run out of doses.**
- If the dose counter does not count down as you hear the 'click', the device will not deliver the required dose. If this happens take your device back to the Pharmacy.
- If you wish to clean the mouthpiece, wipe it with a dry tissue.
- Rinse your mouth with water after you have used the device, as this will reduce the chance of getting a sore mouth or throat.

Please view the following video demonstration for inhaler use:

<https://www.hcp.gsk.com/mt/products/list/relvar-ellipta/ellipta-device/how-to-use-ellipta-video.html>

Always read the patient information leaflet. If you have any questions or are unsure about using your device please contact your doctor, nurse, Pharmacist or the Avera Respiratory Therapy department at 605-322-5375.

Pursed Lip Breathing

Pursed-lip breathing can help you get more oxygen into your lungs when you are short of breath. When you start to feel short of breath, use pursed-lip breathing to control your breathing. Breathing in through the nose and exhaling through pursed or closed lips makes breathing easier. You can practice breathing this way anytime, anywhere. For example, if you are watching TV, practice during the commercials. Try to practice several times a day. Over time, pursed-lip breathing will feel natural.

Home care:

Practice these steps every day so that you'll know how to do pursed-lip breathing when you have shortness of breath.

1. Sit in a comfortable chair.
2. Relax the muscles in your neck and shoulders.
3. Breathe in slowly through your nose while counting to 2.
4. Hold your lips together as if you are trying to whistle or blow out a candle.
5. Breathe out slowly and gently through your pursed lips while counting to 4.
6. Repeat the above steps as needed.

Use pursed-lip breathing to prevent shortness of breath when you do things such as exercising, climbing stairs, and bending or lifting. Breathe out during the difficult part of any activity, such as when you bend, lift, or reach. Always breathe out for longer than you breathe in. This allows your lungs to empty as much as possible. Never hold your breath when doing pursed-lip breathing.



Follow-up care:

Make a follow-up appointment as directed by our staff.

When to call the healthcare provider:

Call your healthcare provider right away if you have any of the following:

- Shortness of breath, wheezing, or coughing Increased mucus;
- yellow, green, or bloody mucus
- Fever of 100.4°F (38°C) or higher, or as directed by your healthcare provider
- Tightness in your chest that does not go away with rest or medicine
- An irregular heartbeat Swollen ankles

Priming for first time use (ready your device)

The following steps are needed to fill the dosing system for the first time it is used and will not affect the number of puffs available. After priming, the RESPIMAT™ inhaled will be able to deliver your medicine. Proper preparation of the inhaler is important to make sure the correct amount of medicine is delivered.

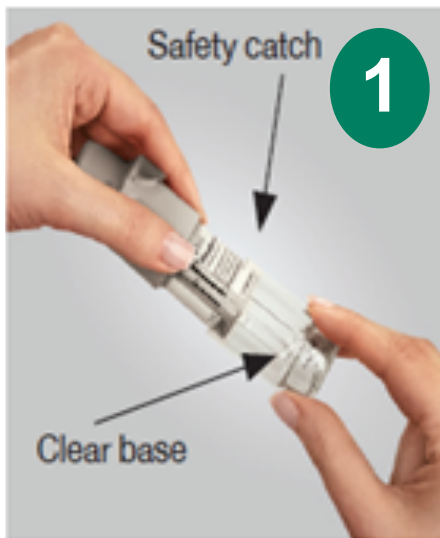
1. Hold the inhaler upright, with the cap closed, to avoid accidental release of a dose. Turn the clear base in the direction of the black arrows on the label until it clicks (half a turn).
2. Flip the cap until it snaps fully open.
3. Point the RESPIMAT™ inhaler toward the ground (away from your face). Press the dose-release button. Close the cap.

Repeat the above steps until a spray is visible. Once visible, repeat the steps again 3 more times to make sure the inhaler is ready for use. These steps will not affect the number of puffs available. After preparing the inhaler it will be able to deliver the full amount of medicine.



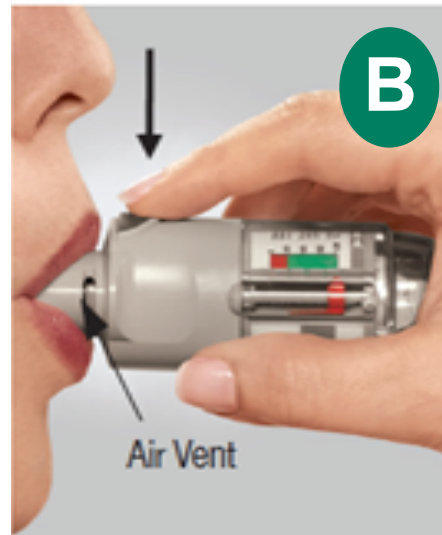
Prepare for first-time use

1. With the cap closed, press the safety catch while pulling off the clear base. Be careful not to touch the piercing element located inside the bottom of the clear base.
2. Write the discard by date on the label of the inhaler.
The discard date is 3 months from the date the cartridge is inserted into the inhaler.
3. Take the RESPIMAT™ cartridge out of the box.
Push the narrow end of the cartridge into the inhaler. The base of the cartridge will not sit flush with the inhaler. About 1/8 of an inch will remain visible when the cartridge is correctly inserted. The cartridge can be pushed against a firm surface to ensure that it is correctly inserted. Do not remove the cartridge once it has been inserted into the inhaler.
4. Put the clear base back into place.
Do not remove the clear base again.
The RESPIMAT™ inhaler should not be taken apart after the cartridge has been inserted and the clear base has been replaced.



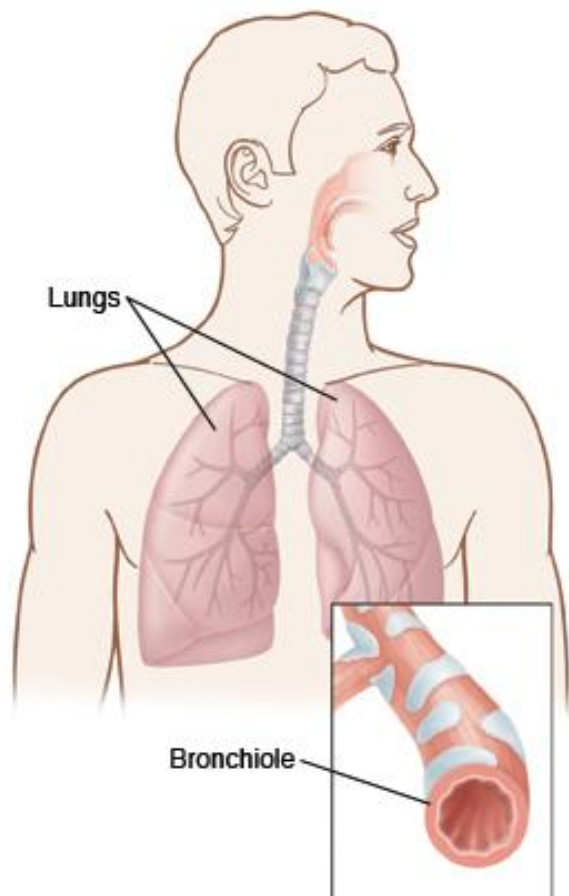
Daily Dosing

1. Hold the RESPIMAT™ inhaler upright, with the cap closed, to avoid accidental release of dose. TURN the clear base in the direction of the black arrows on the label until it clicks (half a turn).
2. Flip the cap until it snaps fully OPEN.
3. Breathe out slowly and fully and then close your lips around the end of the mouthpiece without covering the end vents.
4. Point the RESPIMAT™ inhaler to the back of your throat. While taking in a slow deep breath through your mouth, PRESS the dose-release button and continue to breathe in slowly for as long as you can.
5. Hold your breath for 10 seconds or as long as comfortable.



Note: If you have not used your inhaler for more than 21 days, repeat priming steps on page 1 until a spray is visible. Repeat again 3 more times to prepare the inhaler for use.

COPD Flare



You have had a flare-up of your COPD.

COPD, or chronic obstructive pulmonary disease, is a common lung disease. It causes your airways to become irritated and narrower. This makes it harder for you to breathe. Emphysema and chronic bronchitis are both types of COPD. This is a chronic condition, which means you always have it. Sometimes it gets worse. When this happens, it is called a flare-up.

Symptoms of COPD

People with COPD may have symptoms most of the time. In a flare-up, your symptoms get worse. These symptoms may mean you are having a flare-up:

- Shortness of breath, shallow or rapid breathing, or wheezing that gets worse
- Lung infection
- Cough that gets worse
- More mucus, thicker mucus or mucus of a different color
- Tiredness, decreased energy, or trouble doing your usual activities
- Fever
- Chest tightness

- Your symptoms don't get better even when you use your usual medicines, inhalers, and nebulizer
- Trouble talking
- You feel confused

Causes of flare-ups

Unfortunately, a flare-up can happen even though you did everything right, and you followed your doctor's instructions. Some causes of flare-ups are:

- Smoking or secondhand smoke
- Colds, the flu, or respiratory infections
- Air pollution
- Sudden change in the weather
- Dust, irritating chemicals, or strong fumes
- Not taking your medicines as prescribed

Home care

Here are some things you can do at home to treat a flare-up:

- Try not to panic. This makes it harder to breathe, and keeps you from doing the right things.
- Don't smoke or be around others who are smoking.
- Try to drink more fluids than usual during a flare-up, unless your doctor has told you not to because of heart and kidney problems. More fluids can help loosen the mucus.
- Use your inhalers and nebulizer, if you have one, as you have been told to.
- If you were given antibiotics, take them until they are used up or your doctor tells you to stop. It's important to finish the antibiotics, even though you feel better. This will make sure the infection has cleared.
- If you were given prednisone or another steroid, finish it even if you feel better.

Preventing a flare-up

Even though flare-ups happen, the best way to treat one is to prevent it before it starts. Here are some pointers:

- Don't smoke or be around others who are smoking.
- Take your medicines as you have been told.
- Talk with your doctor about getting a flu shot every year. Also find out if you need a pneumonia shot.
- If there is a weather advisory warning to stay indoors, try to stay inside when possible.
- Try to eat healthy and get plenty of sleep.
- Try to avoid things that usually set you off, like dust, chemical fumes, hairsprays, or strong perfumes.

Follow-up care

Follow up with your healthcare provider, or as advised.

If a culture was done, you will be told if your treatment needs to be changed. You can call as directed for the results.

If X-rays were done, you will be notified of any new findings that may affect your care.

Call 911

Call 911 if any of these occur:

- You have trouble breathing
- You feel confused or it's difficult to wake you up
- You faint or lose consciousness
- You have a rapid heart rate
- You have new pain in your chest, arm, shoulder, neck or upper back

When to seek medical advice

Call your healthcare provider right away if any of these occur:

- Wheezing or shortness of breath gets worse
- You need to use your inhalers more often than usual without relief
- Fever of 100.4°F (38°C) or higher, or as directed by your healthcare provider
- Coughing up lots of dark-colored or bloody mucus (sputum)
- Chest pain with each breath
- You do not start to get better within 24 hours
- Swelling of your ankles gets worse
- Dizziness or weakness

© 2000-2017 The StayWell Company, LLC. 800 Township Line Road, Yardley, PA 19067. All rights reserved. This information is not intended as a substitute for professional medical care. Always follow your healthcare professional's instructions.



[Back to Top](#)

ABOUT VERSION 6.7 | © 2017 The StayWell Company
82477

Shortness of Breath: Maximizing Your Energy



Fear of shortness of breath may stop you from being as active as you once were. You don't have to live this way. Managing your time and pacing yourself can help you conserve energy and do more. It's even OK if you're short of breath sometimes. You can learn to work through this without limiting your activities.

Manage your time

Shortness of breath can make everyday tasks take longer. This means there's less time to do the things you enjoy. You can help prevent this by managing your time. Try these tips:

- Plan ahead so your tasks are spaced throughout the day. As you plan, keep in mind the times of day you tend to have the most energy.
- Do only one thing at a time. Finish one task before starting another.
- Gather everything you need before you start a task. This cuts out unneeded steps while you're working.
- Think about what you really need to do. Be realistic about what you can get done in a day.

Balance activity and rest



When you're tired, your activities will take longer. Fatigue also makes you more likely to get an infection. Plan your day so that your tasks are spaced throughout the day. To have more energy:

- Stop and rest when you need to. Don't wait until you're overtired.
- Switch back and forth between hard tasks and easy ones.
- Give yourself plenty of time for each task, so you don't have to hurry.
- Take 20- to 30-minute rest breaks after meals and throughout the day.
- If an activity takes a lot of energy, break it into smaller parts. For instance, fold the laundry first. Then take a break before putting it away.
- Try not to exert yourself in extreme cold or heat.

Find ways to conserve energy

Conserving your energy can help you stay active and breathe better. The way you use your body during a task can help you conserve energy. Think of ways to make things easier, and take your time to ease shortness of breath.

For some tasks, you can also use special aids designed to reduce the amount of energy needed. Here are some tips:

- Sit whenever possible, and keep your arms close to your body. Use slow, smooth motions.
- Sit to dress and undress, shave, brush your teeth, and comb your hair. Use a long-handled reacher to pull on socks and shoes, and long-handled items like shoe horns.
- Sit on a bench to shower. Use warm water, not hot. (Steam can make it harder to breathe.) Dry off by wrapping yourself in a terrycloth robe.
- Use energy-saving appliances, such as an electric can opener, a power toothbrush, and a dishwasher.
- Use a cart with wheels to move groceries, laundry, dishes, and other items around the house. Some carts have seats so you can rest when you need to.
- Use lightweight, nonstick pots and pans to cook. Soak dirty dishes instead of scrubbing them. Air-dry dishes, or use a dishwasher.
- Mix, cook, serve, and store foods in the same dish.
- Keep the things you use most at waist level, so you can get them without reaching or bending.

- Use steps slowly, pausing at each step. If you have steps outside or in your home, think about adding ramps or stair lifts.
- Think about ways that others can help you. You might get help from friends, family members, or home health aides.

Remember to breathe

Sometimes people with an illness or condition that affects the lungs try to rush through tasks so they won't get short of breath. This uses more energy and can actually increase shortness of breath. Instead, slow down and pace your breathing. These tips may help:

- Move slowly during tasks that take a lot of effort, such as climbing stairs or pushing a shopping cart.
- Use pursed-lip and diaphragmatic breathing while you go about a task.
- Breathe out (exhale) when you exert effort. For example, breathe out as you lift up a grocery bag. Once you're holding the bag, breathe in. Ask the checker at the supermarket to pack your grocery bags so they are light and easy to carry.
- Concentrate on taking slow, deep breaths. If your breathing is shallow, you don't take in as much air.
- Remember that it's OK to be short of breath. Just pace yourself and do pursed-lip breathing.

Talk with your healthcare provider about:

- Whether you should use supplemental oxygen
- Whether you need a referral to occupational and physical therapy. Therapists can help you with exercise and daily activities, and how to make things easier.

Pursed-lip breathing

This type of breathing helps you exhale better. Breathing this way during activity will help you reduce shortness of breath:

- Relax your neck and shoulder muscles. Inhale slowly through your nose for 2 counts or more.
- Pucker your lips as if you are going to blow out a candle. Exhale slowly and gently through your lips for at least twice as long as you inhaled.

Chronic Lung Disease: Starting an Exercise Plan

When you have chronic lung disease, exercise is an important part of your treatment. You may wonder how you can exercise without becoming short of breath. The answer is, you can't. But this isn't necessarily bad. Shortness of breath is a sign that you're pushing yourself. And pushing yourself now means you'll be able to do more in the future. The steps on this sheet will help you get started.

Step 1: Get an evaluation

First, you will need to see your healthcare provider. You need to be evaluated before you can start exercising. Your healthcare provider will assess your lungs, heart, and blood pressure. He or she will gauge your need for supplemental oxygen. You will be checked for other cardiovascular problems. You may also have an exercise test. This is to check the safety of exercise for you. It

Step 2: Talk about your exercise plan

You and your healthcare provider will set up a safe exercise plan that meets your needs. Ask about types of exercises you can try. Also ask how often to exercise, and how long each session should last. And, your healthcare provider may tell you to use a fast-acting bronchodilator before each exercise session. He or she may also tell you to use oxygen during exercise. Be sure to follow all of your healthcare provider's instructions.

Step 3: Choose your activity



Think about the activities you discussed with your healthcare provider. Choose the ones that appeal to you—you're more likely to keep exercising if you're enjoying it. Your choices may include:

- Chair exercises, such as moving your arms and legs while sitting. These may be good if you're too short of breath to do other types of exercise.
- Lifting light hand weights or water bottles to build upper body strength.
- Walking. This is a good way to get oxygen moving through your body. You can walk outdoors or indoors, such as around the house or at a shopping mall.
- Swimming, water aerobics, or using a stationary bike or treadmill.

Step 4: Get moving

Exercise is most effective when it's done at least 30 minutes a day, most days of the week. Start gradually and work up to this goal. Here are some tips for getting started:

- Make exercise a regular part of your routine. You may enjoy exercising with friends.
- Use a watch to keep track of how long you exercise each day. Record your progress in a notebook.
- Increase your endurance gradually. For instance, add 1 minute to your exercise time each week.
- Once you've reached your goal, maintain it by varying your activities.
- On days you don't feel as well break your exercise into several shorter periods. For instance, instead of walking for 30 minutes, you can take three 10-minute walks.

Step 5: Do more over time

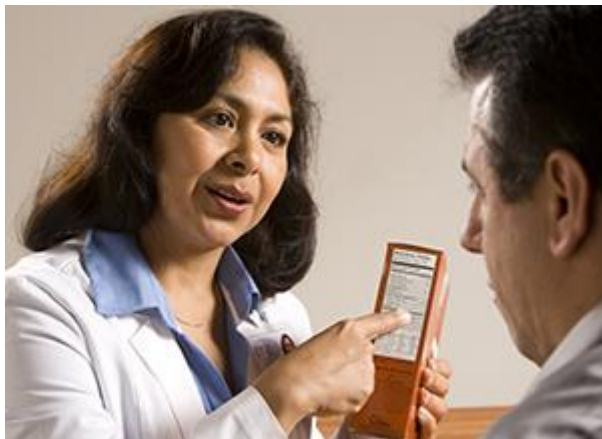
Work toward a goal of 30 to 60 minutes of exercise, most days of the week. Here are some ways to reach that goal:

- Make exercise part of what you do each day. Be sure to attend the exercise sessions of your pulmonary rehab program.
- Keep exercise interesting by doing things you find enjoyable.
- Wear a watch and keep a diary to track your progress. Set small goals to challenge yourself.
- Increase your workout by a little bit each week, until you've reached your goal.
- Once your workouts have reached their goal length, increase how hard you work out. For example, walk up a gentle slope instead of on flat ground.

Staying safe during exercise

With chronic lung disease, you'll need to take extra care to stay safe during exercise. Make sure to read [Chronic Lung Disease: Tips for Safe Exercise](#).

Good Nutrition for Chronic Lung Disease



Good nutrition helps keep you healthy. Your weight and the foods you eat relate directly to how much energy you have. But shortness of breath during meals can keep you from getting the nutrition your body needs. A dietitian or other healthcare provider can work with you to set up a healthy meal plan that includes foods you like.

What you should eat

Try to maintain a balanced diet that includes a variety of these foods:

- **Protein**, such as meat, beans, and soy products, helps build muscle mass.
- **Dairy products**, such as milk, cheese, and yogurt, help keep bones and teeth strong. Dairy is also high in protein.
- **Fruits and vegetables** give you the vitamins you need to stay healthy.
- **Breads and starches** (carbs) help you sustain energy. Carbs that are also high in fiber, such as whole-grain breads, may have longer-lasting effects than other carbs.
- **Fluids** keep you hydrated. Drinking fluids may also thin mucus. It's good to drink 6 to 8 glasses of water a day (unless told otherwise by your health care provider).

If you're having trouble eating

The stomach sits right under the diaphragm (a muscle that helps you breathe). A full stomach makes it harder for the diaphragm to move down. This can make breathing more difficult, causing shortness of breath during and after meals. These tips can help:

- Eat smaller meals throughout the day. This way your stomach doesn't get as full and your lungs have more room to expand.
- Chew slowly with your mouth closed. This helps you avoid swallowing air.
- Try to avoid or limit foods that cause gas. Gas makes the stomach swell and press on the diaphragm. These foods can include onions and cabbage. Not all foods have the same effects on all people. Keep track of the ones that cause problems for you.

Vitamins and supplements

If you're not getting enough vitamins and other nutrients, you may be told to take them in pill form. Supplement drinks can also help you get the nutrients you need without getting too full. Make sure to talk to your healthcare provider before trying any over-the-counter vitamins or supplements.

If you have acid reflux

A lot of people with chronic lung disease have problems with acid reflux. This can cause symptoms such as coughing, heartburn, and upset stomach. Here are some things you can do:

- Limit foods that increase acid in the stomach. These include spicy foods, caffeinated drinks, and alcohol.
- Avoid lying flat for 2 hours after eating. At night, prop yourself up on pillows.
- Talk to your healthcare provider or a dietitian about developing a special diet to avoid acid reflux. Also ask your healthcare provider about medicines that may help.

Pursed-Lip Breathing

Pursed-lip breathing can help you get more oxygen into your lungs when you are short of breath. When you start to feel short of breath, use pursed-lip breathing to control your breathing. Breathing in through the nose and exhaling through pursed or closed lips makes breathing easier. You can practice breathing this way anytime, anywhere. For example, if you are watching TV, practice during the commercials. Try to practice several times a day. Over time, pursed-lip breathing will feel natural.

Home care

Practice these steps every day so that you'll know how to do pursed-lip breathing when you have shortness of breath.

1. Sit in a comfortable chair.
2. Relax the muscles in your neck and shoulders.
3. Breathe in slowly through your nose while counting to 2.
4. Hold your lips together as if you are trying to whistle or blow out a candle.
5. Breathe out slowly and gently through your pursed lips while counting to 4.
6. Repeat the above steps as needed.

Use pursed-lip breathing to prevent shortness of breath when you do things such as exercising, climbing stairs, and bending or lifting. Breathe out during the difficult part of any activity, such as when you bend, lift, or reach. Always breathe out for longer than you breathe in. This allows your lungs to empty as much as possible. Never hold your breath when doing pursed-lip breathing.



Follow-up care

Make a follow-up appointment as directed by our staff.

When to call the healthcare provider

Call your healthcare provider right away if you have any of the following:

- Shortness of breath, wheezing, or coughing
- Increased mucus; yellow, green, or bloody mucus
- Fever of 100.4°F (38°C) or higher, or as directed by your healthcare provider
- Tightness in your chest that does not go away with rest or medicine
- An irregular heartbeat
- Swollen ankles

Discharge Instructions: COPD

You have been diagnosed with chronic obstructive pulmonary disease (COPD). This is a name given to a group of diseases that limit the flow of air in and out of your lungs. This makes it harder to breathe. With COPD, you are also more likely to get lung infections. COPD includes chronic bronchitis and emphysema. COPD is most often caused by heavy, long-term cigarette smoking.

Home care

Quit smoking

- If you smoke, quit. It is the best thing you can do for your COPD and your overall health.
- Join a stop-smoking program. There are even telephone, text message, and Internet programs to help you quit.
- Ask your healthcare provider about medicines or other methods to help you quit.
- Ask family members to quit smoking as well.
- Don't allow people to smoke in your home, in your car, or when they are around you.

Protect yourself from infection

- Wash your hands often. Do your best to keep your hands away from your face. Most germs are spread from your hands to your mouth.
- Get a flu shot every year. Also ask your provider about pneumonia vaccines.
- Avoid crowds. It's especially important to do this in the winter when more people have colds and flu.
- To stay healthy, get enough sleep, exercise regularly, and eat a balanced diet. You should:
 - Get about 8 hours of sleep every night.
 - Try to exercise for at least 30 minutes on most days.
 - Have healthy foods including fruits and vegetables, 100% whole grains, lean meats and fish, and low-fat dairy products. Try to stay away from foods high in fats and sugar.

Take your medicines

Take your medicines exactly as directed. Don't skip doses.

Manage your stress

Stress can make COPD worse. Use this stress management technique:

- Find a quiet place and sit or lie in a comfortable position.
- Close your eyes and perform breathing exercises for several minutes. Ask your provider about the best way to breathe.

Pulmonary rehabilitation

- Pulmonary rehab can help you feel better. These programs include exercise, breathing techniques, information about COPD, counseling, and help for smokers.
- Ask your provider or your local hospital about programs in your area.

When to call your healthcare provider

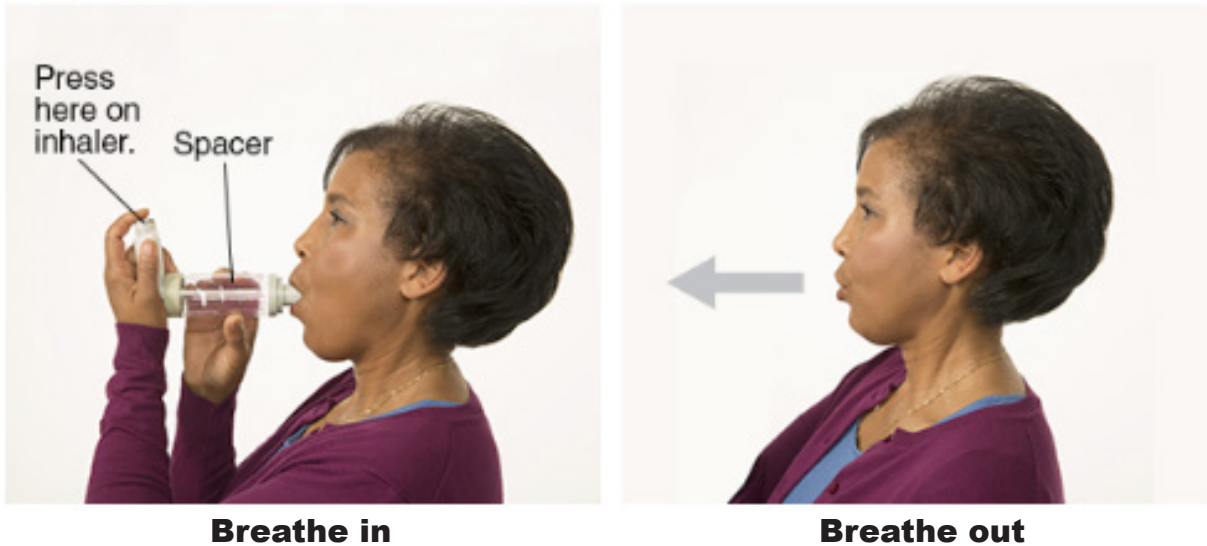
Call your provider immediately if you have any of the following:

- Shortness of breath, wheezing, or coughing
- Increased mucus
- Yellow, green, bloody, or smelly mucus
- Fever or chills
- Tightness in your chest that does not go away with rest or medicine
- An irregular heartbeat or a feeling that your heart is beating very fast
- Swollen ankles

COPD: Using Inhalers

Some COPD medicines are taken by using inhalers. Inhalers deliver measured doses of medicine into your lungs. Not all inhalers work the same way. Have your healthcare provider show you how to use your inhaler.

Using metered dose inhalers with spacers



Metered-dose inhalers deliver medicine with a fine spray. You may also use a spacer (holding tube) with your inhaler. The spacer makes it easier for all of the medicine to get into your lungs.

1. Remove the caps from the inhaler and spacer. Shake the inhaler well and attach the spacer. Make sure to follow any special instructions if the inhaler is being used for the first time or has not been used for a while.
2. Breathe out normally. Put the spacer between your teeth and close your lips tightly around it. Keep your chin level.
3. Spray 1 puff into the spacer by pressing down on the inhaler. Then slowly breathe in as deeply as you can. This should take 3 to 5 seconds. If you breathe in too quickly, you may hear a whistling sound in the spacer.
4. Take the spacer out of your mouth. Hold your breath for a count of 10, if possible. Then slowly breathe out. If a second dose is prescribed, wait at least 30 seconds before taking the next puff.




Using MDIs without spacers

Inhalers work best with spacers. But if you don't use one, follow these steps:

1. Shake the inhaler and remove the cap. Breathe out through your mouth.
2. Put the inhaler mouthpiece in your mouth and close your lips tightly around it. Or if told to do so by your healthcare provider, hold the inhaler 1 to 2 inches from your mouth.
3. Keep your chin level. Spray 1 puff by pressing down on the inhaler while breathing in deeply through your mouth for about 5 seconds. Hold your breath for a count of 10. Then breathe out slowly. If a second dose is prescribed, wait at least 30 seconds before taking the next puff.

Controlling COPD at home

How do I feel today?

	 Green zone You are in control.	 Yellow zone Take action today. Call: _____	 Red zone Take action now! Call: _____
How is my cough?	My cough is normal.	My cough is worse than normal. Change in mucus: <ul style="list-style-type: none"> • More than normal • Looks yellow, green or gray 	My cough is not going away.
Is my medicine working?	My normal dose is working.	I need to use my medicine more often than normal.	My medicine is not working.
How is my breathing?	My breathing is normal.	I have trouble breathing while: <ul style="list-style-type: none"> • Walking or talking • Eating • Bathing or dressing I feel tired or restless.	<ul style="list-style-type: none"> • I have more trouble breathing at rest. • I feel confused or sleepy. • My lips or nails are turning gray or blue.
Other:		I have a fever of 101.5 or higher.	I have chest pain or pressure that does not go away.

This product may be reproduced with permission and the citation: "Developed by the Sutter Center for Integrated Care, 2013." To request permission please email centerforic@sutterhealth.org.

Avera@Home

My action plan for controlling COPD at home

Things I can do:

- ☐ Ask “How do I feel today?”
- ☐ Stop smoking
- ☐ Take my medicine
Use my inhaler, oxygen or breathing treatment
- ☐ Look for signs of infection:
 - Change in cough or mucus
 - More wheezing or trouble breathing
 - Trouble sleeping or feeling tired
 - Fever
- ☐ See my doctor
- ☐ Drink plenty of water
At least 8 cups each day
- ☐ Get exercise each day
- ☐ Have a plan for getting help
- ☐ Other ideas:

How I will do these things:

Your care team will work with you to set goals so you can stick to your plan.

10/2013

Avera@Home



Learn More at
Allergy & Asthma Network is a national
nonprofit organization dedicated to ending
needless death and suffering due to asthma,
allergies and related conditions through
outreach, education, advocacy and research.

Short-acting beta₂-agonist bronchodilators relax tight muscles in airways and offer quick relief of symptoms such as coughing, wheezing and shortness of breath for 3-6 hours

ProAir® HFA albuterol sulfate 123 A

ProAir® RespiClick albuterol sulfate inhalation powder 123 A

Proventil® HFA albuterol sulfate 123 A

Ventolin® HFA albuterol sulfate 123 A

Xopenex HFA® levalbuterol tartrate A

Long-acting beta₂-agonist bronchodilators relax tight muscles in airways and offer lasting relief of symptoms such as coughing, wheezing and shortness of breath for at least 12 hours

Arcapta™ Neohaler™ indacaterol inhalation powder C

Serevent® Diskus® salmeterol xinafoate inhalation powder 123 A C

Striverdi® Respimat® olodaterol hydrochloride 123 C

Inhaled corticosteroids reduce and prevent swelling of airway tissue; they do not relieve sudden symptoms of coughing, wheezing or shortness of breath

Aerospan® 80 mcg flunisolide ★ A

Alvesco® HFA 80 mcg, 160 mcg ciclesonide 123 A

Arnuity® Ellipta® 100 mcg, 200 mcg fluticasone furoate inhalation powder 123 A

Asmanex® HFA mometasone furoate 123 A

Asmanex® Twisthaler® 110 mcg, 220 mcg mometasone furoate inhalation powder 123 A

Flovent® Diskus® 50 mcg, 100 mcg, 250 mcg fluticasone propionate inhalation powder 123 A

Flovent® HFA 44 mcg, 110 mcg, 220 mcg fluticasone propionate 123 A

Pulmicort Flexhaler® 90 mcg, 180 mcg budesonide inhalation powder 123 A

QVAR® (HFA) 40 mcg, 80 mcg beclomethasone dipropionate 123 A

Combination medications contain both inhaled corticosteroid and long-acting beta₂-agonist (LABA)

Advair Diskus® 100/50, 250/50, 500/50 fluticasone propionate and salmeterol inhalation powder 123 A C

Advair® HFA 45/21, 115/21, 230/21 fluticasone propionate and salmeterol xinafoate 123 A

Breo® Ellipta® 100/25 mcg, 200/25 mcg fluticasone furoate and vilanterol inhalation powder 123 A C

Dulera® 100/5, 200/5 mometasone furoate and formoterol fumarate dihydrate 123 A

Symbicort® (HFA) 80/4.5, 160/4.5 budesonide and formoterol fumarate dihydrate 123 A C

Anoro® Ellipta® umecidinium and vilanterol inhalation powder 123 C

Stiolto™ Respimat® tiotropium bromide and olodaterol 123 C

Utibron™ Neohaler™ glycopyrrolate and indacaterol inhalation powder 123 C

Muscarinic antagonist (anticholinergic) bronchodilators relieve cough, sputum production, wheeze and chest tightness associated with chronic lung diseases

Atrovent® HFA ipratropium bromide 123 C

Seebri™ Neohaler® glycopyrrolate inhalation powder C

Incruse® Ellipta® umecidinium inhalation powder 123 C

Spiriva® HandiHaler® tiotropium bromide inhalation powder C

Spiriva® Respimat® 1.25, 2.5 mcg tiotropium bromide 123 A C

Tudorza™ Pressair® aclidinium bromide inhalation powder 123 C

Combination muscarinic antagonist and beta₂-agonist Short-acting

Combivent® Respimat® ipratropium bromide and albuterol 123 C