

# What is COPD?

COPD stands for **chronic obstructive pulmonary disease** - an umbrella term for a number of conditions, including chronic bronchitis and emphysema, which affect breathing.

**Chronic bronchitis:** Bronchitis means inflammation of the airways carrying air through the lungs. This increases mucus production in the airways producing phlegm. It also damages the airways causing them to become narrower and making it harder for air to get in and out of the lungs.

**Emphysema:** This is where the air sacs (alveoli) in the lungs are damaged, leading to difficulty absorbing oxygen.

**Causes and diagnosis:** The most common cause of COPD is cigarette smoking. Occupational factors, such as mining, and some inherited problems can also cause COPD.

Chronic cough, phlegm and shortness of breath suggest COPD. The sooner treatment is sought the better. The diagnosis is made using spirometry, a breathing test often done at your GP's surgery. It is important to keep fit and active. Depending on your assessment you may be offered referral to a local pulmonary rehabilitation course. These programmes involve exercise and education and can improve quality of life.

**Treatments:** COPD cannot be cured once you have it, but treatments may help.

It is likely that you will be given inhalers that open the airways, called bronchodilators. Other medications may also be prescribed. If you become suddenly more short of breath and your symptoms worsen, you may be experiencing an 'exacerbation'. Your doctor may give you a short course of steroids and/or antibiotics for a few days. Some people take a steroid inhaler regularly. Exacerbations are common in COPD, always seek prompt treatment for an exacerbation.

**Smoking:** Stopping smoking slows the progression of the disease. If you smoke, have you thought of giving up? Contact your GP surgery, ask your local pharmacist, or contact the Quit Your Way Hebrides team (01851 701623 or email: [wi.hebridesquityourway@nhs.scot](mailto:wi.hebridesquityourway@nhs.scot)) for more advice on help available.

**Other factors:** Very hot or cold weather may affect your chest. In cold weather keep your house warm and wrap up well when you go out. In hot weather stay out of the heat, wear loose clothing, keep your house cool by closing curtains, regularly cool your face and neck with cold water, and drink plenty of water.

To avoid infections the flu vaccination every autumn is highly recommended. Try to keep as mobile as you can, look after your weight and eat a balanced diet.

## We are listening - how did we do?

We welcome your feedback, as it helps us evaluate the services we provide. If you would like to tell us about your experience:

- speak to a member of staff
- visit our website: [www.wihb.scot.nhs.uk/](http://www.wihb.scot.nhs.uk/) feedback or share your story at: [www.careopinion.org.uk](http://www.careopinion.org.uk) or tel. 0800 1223135
- tel. 01851 704704 (ext 2236) Monday-Friday between 10am-4pm.

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# COPD Action Plan

### Contacts

Surgery: .....

Respiratory Nurse: .....

### Notes

  
  
  
  
  
  
  
  
  
  

Date Effective: .....

**Please bring this plan to your annual review and any hospital appointments**

## EMERGENCY

If you have any of the following:

Very short of breath

Chest pains

Feeling of agitation, fear,  
drowsiness or confusion

**Seek Urgent Medical Advice**

**Dial 111 for NHS24  
or  
Dial 999 for an ambulance**

## WHAT ACTION TO TAKE IF YOUR SYMPTOMS GET WORSE:

### Step One

Check the colour of your sputum:

Cough sputum onto a white tissue.

Has your sputum colour changed from clear or pale to a darker shade e.g. yellow or green? If yes and your chest feels worse then:

Phone surgery for advice

☐

Make an appointment

☐

Start Antibiotics and inform surgery

☐

### Step One

Look at the table below

Symptoms	OK	Caution	Action
Breathlessness	Normal/ Usual	Worse than usual	Much worse than usual
Cough	Normal/ Usual	More than usual	Much more than usual

If **all** of your symptoms are in the

**Green OK Column**

continue with usual medication

Name:

Dose:

Name:

Dose:

Name:

Dose:

Name:

Dose:

Name:

Dose:

Name:

Dose:

If all of your symptoms are in the

**Orange CAUTION column**

Increase your **RELIEVER TREATMENT** up to a maximum dose.

Reliever:

Via inhaler / nebuliser (delete as appropriate)

Up to ...../.....times per day

Keep a close eye on your symptoms, if you improve within 2 days resume your usual treatment.

If **NO** improvement after 2 days then start **PREDNISOLONE** if you have them and inform the surgery.

Take .....mg of PREDNISOLONE once daily (.....x 5mg tablets) until back to normal and then for 2 more days before stopping. Do not take for more than a maximum of 2 weeks.

Phone surgery for advice / appointment.

If any of your symptoms are in the

**Red ACTION column**

**Contact your GP surgery or NHS 24 TODAY for advice. Out of hours contact NHS 24 tel. 111**

**Take maximum reliever treatment (as above)**

**Start PREDNISOLONE immediately if you have them (as above).**