



Community  
**PALLIATIVE CARE**  
*of Hospice of North Idaho*

## **CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)**

COPD is characterized by progressive worsening of breathing. It is typically associated with a chronic inflammatory response in the airways and lungs. COPD is a life-limiting disease.

### **TYPICAL PROGRESSION OF COPD**

The later years for patients with advanced COPD are usually characterized by progressive functional decline, reduced quality of life, and increasing dependence on caregivers and the health care system including emergency department visits and hospital stays. Many patients experience incapacitating breathlessness. Exacerbations that bring about respiratory failure can occur suddenly and unpredictably. Outcomes of these situations are often determined by last-minute decisions about life support. It is important to be prepared for crisis situations of increasing frequency.

Hospitalized COPD patients are more likely to receive more aggressive and invasive interventions, often without the establishment of previous life support decisions. These individuals are often placed in the intensive care unit with a high symptom burden, and the family is left to make difficult care decisions alone.

COPD progresses for individuals at differing rates. Factors affecting life expectancy include lung function, history of respiratory failure, exacerbations, and hospitalizations, disabling dyspnea at rest with poor response to bronchodilators, fatigue, and poor functions status, CO<sub>2</sub> retention, cor pulmonale, right heart failure, progressive weight loss/low body mass index, rapid heart rate, and other comorbidities.

## **ADVANCE CARE PLANNING**

### **COPD**

\*Resuscitation Status – If heart and breathing stop (you have died), what do you want the response to be? Do you wish to die naturally without aggressive interventions? Or do you want aggressive medical interventions including chest compressions, shock, medications, and ventilation? Would you like education on the likelihood of survival if your heart and breathing stop?

\*Invasive Ventilation- If your breathing is poor, do you wish to be placed on an invasive mechanical ventilator that breathes for you? (This includes a tube in your throat and sedation.) Would you like education on the likelihood of survival if you are placed on an invasive ventilator?

\*Noninvasive Positive Pressure Ventilation- Would you want masked (forced) positive pressure ventilation? (A less invasive form of advanced support.)

\*Intensive Care Unit- If you become critically ill, would you want to be placed in ICU?

\*Quality of Life – How do you define the quality of life? How does this play into your decisions about medical care?

\*Comfort Measures- At what point would you want measures to keep you comfortable only, no further medical interventions to prolong life?

\*Power of Attorney for Healthcare- If you are no longer able to make your own health care decisions, who do you want to make them for you? Do they know and understand your wishes? (It is important that the person you choose knows your wishes and is willing to follow them.) Do you want help completing a POA form?

\*What anxieties/worries do you have?

\*Would you like information on how you can be made comfortable at end-of-life approaches?

\*When your breathing treatments have been maximized and there are no new treatments available, would you like medication management for dyspnea?

## **COPD SYMPTOM MANAGEMENT**

The following are symptoms that many COPD patients suffer from. Often these symptoms can be managed. As always, you will be involved in your plan of care and discuss with the provider what interventions you would like to try.

**Dyspnea**- Breathing discomfort. You may experience air hunger, work of breathing, chest tightness, confusion with low oxygen or increased CO<sub>2</sub>, dizziness, or lightheadedness/syncope with late-stage disease.

Pharmacological Intervention:

-When inhalers become less effective, the provider may recommend nebulizer treatments and systemic oral steroids.

-A determination will be made about whether an antibiotic is warranted depending on your goals and clinical picture.

-If you have been maximally treated with the above interventions, your provider may recommend a low dose opioid, which can improve breathing and functional status.

-If you are started on an opioid, a bowel regime will be prescribed.

Non-Pharmacological Intervention:

-A fan blowing lightly across the nose and mouth

-Mindful breathing

-Meditation

-Relaxation

-Pace your activities

-Supportive or Cognitive-Behavioral Therapy

-Wheeled walker

-Acupuncture

-Pulmonary Rehab (208-625-4691)

**Anxiety- Excessive** uneasiness and apprehension. Some people experience panic attacks related to increased shortness of breath.

**Depression-** Mood changes. Can be accompanied by a lack of interest or pleasure, fatigue, loss of energy, loss of appetite, sleep disturbance, impaired concentration, and thoughts of not wanting to live.

Depression and anxiety often occur together in people with chronic illnesses.

Pharmacological Intervention:

-The provider will determine if an antidepressant or anxiolytic may be helpful.

Non-Pharmacological Intervention:

-Support or cognitive Behavioral

Therapy

-Meditation

-Relaxation

-Volunteer or companion for socialization

-Gentle exercise approved by provider

-Engage in activities of interest within your capabilities

## SELF-HELP FOR COPD

Research shows that self-management interventions by COPD patients lead to improved health-related quality of life, a reduction in COPD-related hospitalizations, and an improvement in dyspnea.

**Medications** – Take medications as prescribed. If you have concerns or changes in response to medications, contact your provider to discuss.

**Pulmonologist or Primary Care Provider** - Keep scheduled appointments with the provider that is managing your COPD. If you have a change in your condition, contact your provider right away.

**Noninvasive Positive Pressure Ventilation (NPPV)** – If prescribed, consistently use NPPV.

**Smoking Cessation** – If you smoke cigarettes, discontinuing can be helpful for breathing. Smoking cessation help is available, talk with your provider if you are interested.

**Exercise/Pulmonary Rehabilitation** – Exercise within your capabilities and discuss with your provider what you are allowed to do. If you need to be monitored during exercise, outpatient Pulmonary Rehabilitation at Kootenai Health (208-625-4691) may be of benefit. If you are homebound, you may be eligible for physical therapy through skilled home health (ask your provider).

**Diet** – Follow any special diet prescribed by your provider. Consider eating a healthy diet that includes plenty of vegetables and fruit. There may be value in reducing foods that produce mucous, such as dairy products; and reducing foods that decrease the immune response, such as sugar. If you need assistance with diet, you may be eligible for a nutrition consult.

**Sleep** – Getting adequate sleep is important. If you are not sleeping well, what is affecting it? If you have not already done so, consider raising the head of your bed. If you have an NPPV prescribed, it will help to wear it. Take medications as prescribed. If the need to urinate wakes you and keeps you awake, would a urinal or bedside commode be helpful? Consider discussing sleep hygiene with the palliative care social worker.

**Mood** – If you have an anxious or depressed mood, discuss it with the palliative care team. (There are suggestions for mood under Symptom Management.)

**Quality of Life/Enjoyment** – A activity of enjoyment each day can improve your quality of life. It may be as simple as doing a hobby, visiting with friends or family in person or via phone, or reading or listening to a book. If there are activities you can no longer do, look for adaptations or alternatives.

## **WHEN TO CALL PALLIATIVE CARE**

### **COPD**

Your Palliative care of North Idaho team is available to assist you any time Monday through Friday from 8 am to 5 pm. We can be reached at 208-772-7994.

Contact us if:

- You have a decline in functional status
- You have a change in your non-emergent COPD symptoms
- Your medications for symptom management are not working as well
- You have not had a bowel movement in 3 days
- You have 3 or more episodes of diarrhea in a day
- You have not been able to urinate in 12 hours or feel the urge to urinate but cannot
- You would like a goals of care conversation
- You wish to avoid rehospitalization

## WHEN IS IT TIME TO CONSIDER HOSPICE?

### COPD

It is often difficult to know when you are ready to transition onto hospice services. Common feedback from patient families is that they wished they had gotten their loved one onto hospice services sooner.

Consider the following:

- How has your quality of life been affected by COPD?
- Do you wish to avoid rehospitalization?
- Has treatment for COPD been optimized?
- Do you feel breathless much of the time?
- Are your oxygen saturations low?
- Do you feel fatigued much of the time?
- Do you retain carbon dioxide?
- Have you had multiple COPD exacerbations in recent months?
- Have you had multiple trips to the emergency department or hospital in the past 6 months?
- Has your functional status declined?  
Do you need to rest walking in your home?  
Do you need assistance with bathing and dressing?  
Do you spend most of your time sitting?  
Is it difficult to leave your home?
- Do you have additional illnesses?
- Do you have a rapid heart rate?
- Have you had progressive weight loss?
- Are you fearful about your breathing much of the time?

If you would like to discuss your goals of care, receive education, talk through your emotions, or have a family conference about possibly transitioning to hospice care, let your Palliative care Of North Idaho team know. We are specially trained to have this conversation with you and your loved ones.

A hospice nurse is available 24 hours a day, seven days a week, and holidays to answer your call if you experience a sudden decline or change in condition and wish to have a consultation about hospice services. Call 208- 772 – 7994.