Mersey and West Lancashire
Teaching Hospitals
NHS Trust

St. Helens Community Chronic Obstructive Pulmonary Disease (COPD) Rapid Response Service

If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس‌پذیر نیاز دارید،
لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کنند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie,
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,
vă rog să discutați cu un membru al personalului să se ocupe
de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أُخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

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Department: St. Helens Community COPD Rapid Response Service
Document Number: MWL2062
Version: 001
Review Date: 01 / 12 / 2026

Contents

Welcome to St. Helens community COPD rapid response service

The community Chronic Obstructive Pulmonary Disease (COPD) rapid response service is here to help you when you are experiencing a flare up of your lung condition, whether at home or following admission to hospital.

Once the team has been contacted, the COPD nurse will contact you within 2 hours and carry out a telephone triage.

During your triage you may be offered self-management advice or a home visit, providing you with a care plan specific to you; offering support, education, monitoring, prevention of hospital admission or early supported discharge.

The nurse specialists are provided with support from the respiratory consultants and have regular contact to discuss your progress.

At the start of your treatment with the team, the nurse will get consent from you to share your information and discuss your care with other healthcare professionals.

The team will also provide you with help following an admission to hospital; to ensure you have a safe effective discharge and provide you with follow up care at home; to ensure your treatment is the best for you, and you have been provided with all the knowledge and skills to manage your lung condition at home. Including a clear understanding of how to spot a flare up of your lung condition and early treatment plan.

Non-medical prescribing

The specialist respiratory nurses are independent non-medical prescribers and prescribe within their own expertise and scope of practice, the nurses recognise their individual limitations in their knowledge and skills.

The specialist nurses accept personal responsibility and accountability, for prescribing and any clinical decisions made. The nurse will assess you at home, making their decision based on your signs and symptoms and a clinical assessment. If treatment is required the nurse will provide you with a prescription, which you can take to the chemist. During your assessment, a decision may be made by the specialist nurse to not give you a prescription and the nurse will explain this during the visit.

The decision to prescribe will be made using national and local guidelines.

The independent non-medical prescribers can prescribe any medicines within their area of expertise, which is respiratory medicine, and therefore cannot prescribe for other conditions during their assessment.

Education will be provided for:

- Self-management of your lung condition
- Breathing exercises/chest clearance techniques
- Loan compressor/nebuliser
- Oxygen assessment
- Environment risk factors to manage your lung condition at home
- Pulmonary Rehabilitation and referrals
- Inpatient support

If you have any concerns regarding your condition, please do not hesitate to contact the team.

Please contact the team if you are admitted to the hospital with your COPD, so that we can help you during and after your hospital admission.

Hours of operation

St. Helens community COPD rapid response service operates:

8.30am -7.00pm 365 days a year/7 days a week (including bank holidays)
Telephone: 0151 430 1553
Outside of these hours contact 111 or your own GP for advice.

The team consists of a Lead Consultant, a Lead COPD Nurse, COPD Nurse Specialists, Health Care Assistants, Care Coordinators, Medical Secretaries and Allied Health Care Professional, all of whom are supported by the Respiratory Consultants and Respiratory Nurses based across Merseyside and West Lancashire Trust. Please contact the team if you have two or more symptoms listed below, for two or more consecutive days:

- Increased cough
- Increased wheeze
- Increased breathlessness
- More or less sputum
- Changes in the colour of your sputum
- Feeling hot and cold, fever, and/or general malaise.

The nurses on duty will triage you over the telephone and provide you with advice and/or a visit within 2 hours, depending on your symptoms. This is followed by regular telephone consultations at home.

The team will discuss telehealth monitoring with you, which offers you the ability to monitor your vital signs from the comfort of your own home. This allows healthcare professionals to remotely monitor your blood pressure, oxygen saturations, temperature and symptoms to help identify and manage acute and chronic conditions.

Housekeeping

Once the team has been contacted to arrange a visit, please try to refrain from smoking before the team comes to visit you, this is to protect the staff that look after you from the harmful effects of passive smoking. The nurses will wear surgical masks to protect themselves from the dangers of passive smoking.

Please ensure that the team has access to your home and inform them of any hazards e.g. large dogs, key codes or areas difficult to locate.

Complaint or compliment …. what to do next:

Diane Green - lead COPD nurse specialist
Lowe House
2nd Floor, Suite 2
Crab Street
St. Helens
WA10 2DJ

☎ **0151 430 1553**

If you wish to make a formal complaint contact:

Central Complaints Team
Whiston Hospital
Nightingale House
Warrington Road
Liverpool
L35 5DR

☎ **0151 430 1167 or 0151 430 1427**

Email: complaintsteamDL@sthk.nhs.uk

Useful contact list

Patient liaison services (PALS)
Whiston Hospital, Warrington Road, L35 5DR
You can contact PALS team via: 0151 430 1376 or
Email: pals@sthk.nhs.uk

Smoking cessation

Stop Smoking - St Helen's Wellbeing (sthelenswellbeing.org.uk)
You can also call us on 01744 371111, or email us
at chcp.sthelens@nhs.net

Nebuliser services - for patients who purchase their own.

Evergreen https://evergreen-nebulizers.co.uk

☎ **01942 701210**

Housekeeping continued

St Helens and Halton equipment services

☎ **01925 946000**

Age UK

http://www.ageuk.org.uk

☎ **01744 453198**

St Helens Careline

https://www.sthelens.gov.uk/careline

☎ **01744 676370**

Asthma and Lung UK helpline

☎ **0300 222 5800**

Email: helpline@asthmaandlung.org.uk or https://www.asthmaandlung.org.uk

Wheelchairs hire

British Red Cross

☎ **0344 871 1111**

The British Red Cross | Worldwide Humanitarian Charity

Baywater patient line

☎ **0800 373580**

Patients & Carers | Baywater Healthcare – Enhancing Lives Through Outstanding Healthcare

If you would like any further information on COPD, we recommend that you refer to the National Institute for Health and Clinical Excellence website: www.nice.org.uk

Overview | Chronic obstructive pulmonary disease in over 16s: diagnosis and management | Guidance | NICE

COPD alerts

If you notice any 2 of the Red signs or symptoms for more than 24 hours, then please contact the team for self-management advice on the number below:

0151 430 1553 8.30am - 7.00pm. The team are available between these hours 7 days per week for advice and support.

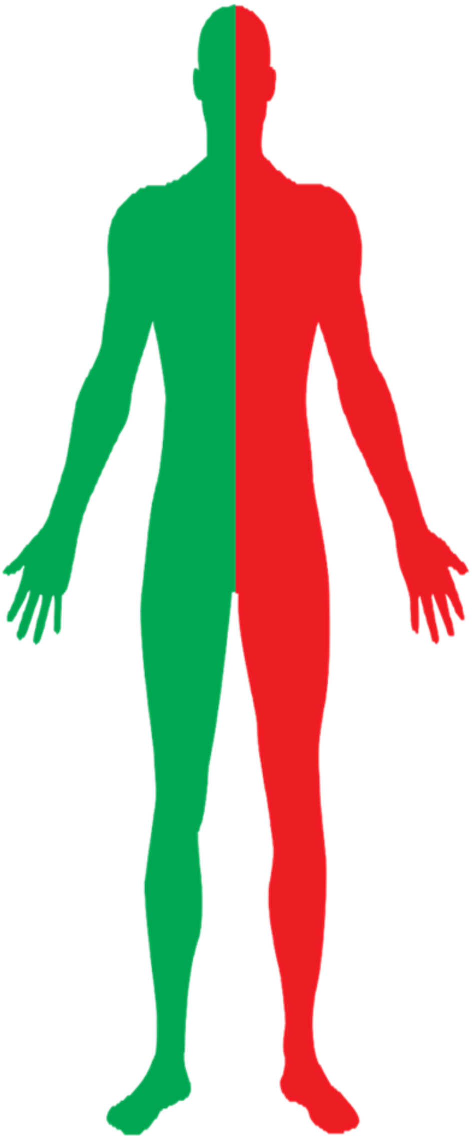
Outside of these hours contact 111 or your own GP for advice.

Green promotes the correct way to manager your lung condition.

Red indicates when action is required.

Green man

- Annual spirometry
- Regular GP review
- Take inhalers as prescribed
- Healthy diet
- Regular exercise
- Stop smoking
- Avoid smoky or polluted environment
- Keep windows closed in cold weather
- Maintain bedroom temperature at 18 degrees Celsius, and living room at 21 degrees Celsius
- Yearly flu vaccination
- Pneumonia vaccination
- Maintain supply of standby antibiotics and steroids
- Active cycle breathing
- More breathless than usual
- Increased cough
- Increased amount of sputum



Red man

- More breathless than usual increased cough
- Increased amount of sputum
- Sputum thicker than usual and difficult to cough up
- Change in sputum colour
- New or increased wheeze
- Using your inhaler(s) more often than normal
- Blue inhaler not as effective as usual
- Lethargy/tiredness
- Swollen ankles and/or legs worse than normal
- Reduced appetite
- Fever hot and cold
- Reduced walking distance

Signs and symptoms of a flare-up

You will experience good days and bad days with your chest condition. However, if you experience two or more of the below symptoms for more than two days, please consult your management plan or contact the COPD team for further advice.

It is important to be able to recognise the signs and symptoms of a ‘flare up’ or chest infection so you can seek the most appropriate help and treatment.

Signs of a flare-up

- Feeling more breathless than normal
- Being less able to do normal activities or take longer because of shortness of breath
- Produce more sputum than normal
- Increased wheeze
- A new or increased cough
- Coughing up more sputum than normal or less phlegm than normal
- A change in the colour or thickness of your sputum
- Your sputum changes colour or becomes stickier
- Feeling unwell
- An increased body temperature (feeling hot and cold)
- New or increased ankle swelling
- Increased use of your blue inhaler
- Reduction in your normal energy levels

Actions to take if symptoms get worse:

- Contact your COPD team for Advice and Support
- Increase reliever medication (blue inhaler)
- Balance activity with plenty of rest
- Eat little and often
- Drink plenty of fluids

Managing flare-ups

It is normal for COPD symptoms to vary from day to day, experiencing good days and bad days. But, if you notice your symptoms remain worse for two days or more, this is a flare-up, also known as an exacerbation.

A flare-up might be triggered by something like an infection or a change in the weather, or there may be no apparent reason.

Rescue pack medication

As part of your self-management plan your healthcare professional may prescribe you a rescue pack of drugs (steroid tablets and antibiotics) for you to keep at home.

Make sure you know when you are unwell and that you ring the COPD team, before starting your steroid tablets, to make sure you are taking them appropriately.

Steroids can help you get better more quickly, however it is important not to use these too frequently because of the potential long-term side effects.

If you need to take them more than twice a year, you should have a review with your COPD team and/or GP.

Do not start taking your antibiotics without consulting a healthcare professional.

Review your progress weekly

At the end of each week, it is useful to think about reviewing your progress.

What went well this week? This might be how long it is taking you to get dressed, or going for a short walk, however small you might think this is!

What was difficult to do this week?

What could I do differently next week?

What progress did I make towards any future goals you may have?

Self management

Discuss self-management plan with the COPD Nurse Specialist

Start to prepare for the winter months as early as possible, do not let the cold weather creep up on you.

Think early detection! Early treatment!

Be proactive about managing signs of a flare up.

Medication

Speak to your GP or COPD nurse specialist to see if you are suitable to have your standby antibiotics and steroids at home, and always refill them after each use.

Watch out for signs of deterioration and consult your management plan.

Ensure that you have enough medication to last you weeks and always make sure you have spare inhalers.

Contact your local pharmacy delivery service and arrange for them to order and make delivery of your medication in the cold weather.

What to do if you have an exacerbation

If you experience two or more signs and / or symptoms of the following:

- Increased breathlessness more than normal
- Increased amount of sputum
- Change in the colour of your sputum
- Increased cough
- Increased wheeze

☎ Please contact your COPD nurse specialist for advice and support

0151 430 1553

It is important to record the number of flare ups you are having and let the COPD nurse specialist know so this can be monitored.

Standby medication

Please contact a healthcare professional before commencing treatment.

Prednisolone 5mg tablets

Should be considered if you have the following symptoms:

- Increased cough
- Increased sputum
- Increased wheeze
- Increased breathlessness

Prednisolone 5mg six tablets (30mgs) should be taken for 5 days with or after food in the morning, continue with increased reliever medication and start taking your prednisolone.

Antibiotics

If the colour of your sputum changes and you feel unwell, or you experience the symptom of going hot and cold, this may indicate the need to start your standby antibiotics.

Please contact the COPD team for advice and support and to arrange sending a sputum sample for testing.

It is very important to keep the team informed each time you start standby medication, so that they can monitor the frequency of flare ups.

Emergency symptoms of COPD

- Extreme shortness of breath with no relief from inhalers
- Chest pain
- High fever
- Feelings of agitation, drowsiness, panic or confusion

Contact your COPD team: 8.30am - 7.00pm, 7 days a week on 0151 430 1553, GP or Out of Hours Non-Emergency dial 111.

In extreme emergencies dial 999 for an ambulance.

The team will automatically refer you to smoking cessation or you can self-refer to the wellbeing team in St .Helens.

☎ Stop Smoking - St Helen's Wellbeing (sthelenswellbeing.org.uk)
01744 371111, or email at chcp.sthelens@nhs.net

If you smoke, stopping smoking is the single most important advice for you, and is the best thing you can do to manage your COPD. If you stop smoking in the early stage of your disease it will make a huge difference to stopping further damage to your lungs and to slow the decline in your lung function.

The damage already done to your airways cannot be reversed, but stopping smoking at any stage prevents the disease from worsening. It is never too late to stop smoking at any stage of the disease, even if you have advanced COPD, you will benefit and prevent further progression and reduce the number of chest infections.

Top tips on giving up smoking

- Ask your GP or pharmacist for support. You are up to three times more likely to quit if you use a combination of stop smoking medication and specialist help.
- Think of situations when you are likely to be tempted and come up with ways to overcome the urge to smoke.
- Keep your hands and mouth busy. When you are out, try putting your drink in the hand that usually holds a cigarette and drink from a straw. Try to stay away from the smoking areas as this may tempt you to restart smoking.
- A craving can last up to five minutes, so think of five-minute distraction to prevent you from smoking.
- You may find a certain time of day or place hard that you associate with smoking, try to change your routine.
- Make a list of the people you can turn to for support and a friendly chat. You can speak to them when you feel like things are not going so well and like your craving may be taking over.
- Social support really does make a difference!
- Make a list of your reasons for quitting - try to find ways to motivate yourself to quit and continue to stop smoking.
- Try to reward yourself when you’re doing well, don’t beat yourself up if you are struggling.
- If the method you are using isn’t working for you, try something else. Don’t give up! Try not to quit quitting!

Positive things really do happen to the body when you stop smoking

Within 20 minutes after you smoke that last cigarette, your body begins a series of changes that continues for years. Your heart rate drops.

Within 12 hours, carbon monoxide levels in your blood drops to normal. Your heart attack risk begins to drop.

After seven days without smoking, you will have higher levels of protective antioxidants such as vitamin C in your blood.

After a week without smoking, nerve endings damaged by smoking will start to regrow, so you may start to notice you have more ability to taste and smell.

Within 12 months coughs, sinus congestion, fatigue and shortness of breath can decrease. Cilia (hairs) regrow in the lungs, increasing the ability to handle mucus, clean lungs and reduce infection.

After 10 years the risk of developing lung cancer reduces to that of a non-smoker.

Top tips for keeping you well longer!

Your home:

In the winter months keep your home warm; check your room temperatures. Keep the living room at 21 degrees Celsius, and the bedroom at 18 degrees Celsius.

Wear layers of clothing such as thermal underwear, warm tights, socks, and a coat to help you keep warm. Wear a warm hat, gloves and a scarf, this will help keep your head, hands, neck and shoulders warm. Wear warm clothes at night during very cold weather and use extra bed covers.

Close the curtains before dusk to keep the heat in your home.

Ensure the boiler/heating system has been serviced, and timers are set on your central heating boiler.

Ensure carbon monoxide and smoke alarms have been serviced and/or batteries have been replaced.

Keep furniture and curtains away from radiators to ensure heat can be released around the room effectively.

Keep all windows shut, especially in the winter months to reduce the risk of pollution and infection. Ensure gas and electricity cards/meters/payment plans are topped up regularly.

Ensure mobile phones are topped up and charged to keep in contact with people.

Eating well

When you are living with COPD, it is important to try and maintain a healthy weight for you, as carrying extra weight can lead to more breathlessness. So, it is a good idea to watch your weight and exercise regularly.

Some people with COPD can lose weight unintentionally and it is a good idea to monitor your weight regularly, eat regular meals and take in enough calories to maintain a healthy weight.

Your COPD nurse specialist can help you work out what is a healthy weight for you, give advice regarding the right food and diet and refer you to a dietician for specialist support if you need it.

Eat small amounts; little and often (see appetite advice below) when you are breathless.

Discuss benefits advice with Age UK or St. Helens Wellbeing for financial support.

Try to have at least one hot meal a day and drink plenty of warm fluids.

Small appetite advice for COPD patients trying to gain weight or improve diet.

Please note:

High calories/carbohydrate diets may not be suitable if you have any conditions e.g. diabetes or heart disease, consult your practice nurse or dietician.

Eat little and often, especially when you are breathless.

Try to snack 2-3 times daily and have hot milky drinks in between. Aim to have a pudding/biscuit/dessert after every meal to increase your calorie intake.

Drink 6-8 cups of fluid per day.

Remember to try and have your five a day (fresh frozen or tinned).

Going out in the winter

Avoid going out if the temperature is below 4 degrees Celsius.

Plan in advance, look at the local news and weather forecasts.

- Wear layers of clothing to trap warm air.
- Wear a hat, gloves and ensure your scarf covers your mouth. Ensure effective rubber sole/non-slip footwear. Make sure any adaptations have rubber tips.
- Plan and only go out when necessary, to reduce the risk of infection. Ensure you have salt/and de-icer at home to defrost steps, pathways and cars.

Remember cold weather can make your lung condition worse.

Make sure you contact your practice nurse to discuss your flu vaccine each October, and check you have had your pneumonia vaccine.

Ensure you are up to date with your immunisations and booster vaccinations.

Eat plenty of fruit and vegetables (five-a-day) to fight infection and boost your immune system.

Keep active.

Eat regular meals and snacks throughout the day.

Food supplies

Make sure you have plenty of tinned foods, pasta, rice, cereal, bread and frozen goods for the winter period.

Separate and freeze food e.g. bread into small portions for over the winter months for emergency use. It is a good idea to get a small stock of UHT milk.

Eat plenty of fruit and vegetables.

Age UK do provide a shopping service for you, give them a ring in advance to arrange this and do not leave things to emergency situations.

Do not be too proud to ask for your family and friends to do some internet shopping and delivery service for you (it can be great fun!).

Arrange for newspapers to be delivered, remember if you have pets to stock up on pet foods too!

Tips to increase calorie intake

Use full sugar drinks instead of sugar free (unless you suffer from diabetes).

Change from semi-skimmed milk to full fat milk.

Add powdered milk to your full fat milk to add in hidden calories and proteins to your daily drinks.

At least twice a day have high protein foods, for example meat, chicken, fish, eggs, cheese, yoghurts, nuts, beans or lentils.

Use full fat products e.g. butter, cheese and mayonnaise.

Have at lease one portion of bread (naan, chapattis) potatoes, rice, pasta or cereal with each meal.

Snack ideas in addition to meals, for example:

- Cheese and biscuits
- Sandwiches
- Rice pudding (add jam or chocolate if applicable)
- Milkshakes with ice cream added
- Milky drinks e.g. hot chocolate or Horlicks
- Tinned fruit and cream or ice cream
- Crisps and nuts
- Crumpets or toast with jam, peanut butter, honey or syrup
- Cakes and biscuits
- Noodles, cup-a-soups, pot noodles

Top tips to boost your mood

Talk to your COPD nurse specialist about how your disease is affecting your mood.

Consider a referral to Pulmonary Rehabilitation, as being active might be the last thing you feel like doing, however it can really help to lift your mood and help reduce depression and anxiety.

Eating a healthy diet and limiting your intake of alcohol can also help you to feel better.

When you have a long-term condition, it can sometimes be difficult to deal with your emotions and lead to low mood. This can make you feel frustrated and angry because you cannot always do the things you used to do, making you feel down, isolated, and sometime lead you to feeling guilty, or that life is unfair.

Living with COPD can also make you feel anxious, which can sometimes make you feel more breathless and frightened.

For further information to cope with anxiety and breathlessness discuss this with your COPD nurse, healthcare professional or access Asthma & Lung UK (British Lung foundation) for further information and education using the link below:

Breathlessness https://www.asthmaandlung.org.uk/symptoms-tests-treatments/symptoms

Sex and relationships

Living with a lung condition can affect your relationship and sex life, you can be provided with more information about managing breathlessness during sex by discussing this with your COPD nurse specialist or alternatively accessing information using the link below:

Sex and breathlessness https://www.asthmaandlung.org.uk/living-with/sex

Staying fit and active — talk to your COPD nurse about arranging a referral to Pulmonary Rehabilitation.

Exercise can help you stay active for longer, whether you’re walking, dancing, having sex or doing any other physical activity.

Pulmonary rehabilitation is an exercise and education programme that has been designed for people with lung disease, who experience symptoms of breathlessness, and focuses on physical exercise specific to your needs. It also provides you with information, that helps you to better understand and manage the condition and symptoms.

Controlling shortness of breath can make your everyday tasks easier

This can be achieved through a combination or breathing techniques (which are included in this booklet), relaxed breathing, breathing control techniques and pacing of activities.

Relaxed breathing

Try to:

- Position yourself comfortable (see pictures below)
- Relax or drop your shoulders
- Breathe gently
- Breathe in through your nose and out through your mouth. Purse your lips together as you breathe out
- Close your eyes. Remain calm
- Concentrate on techniques you have practiced




Avoid:

- Lifting your shoulders up and using your upper chest muscles to help you breathe
- Breathing fast and panting
- Panicking

Breathlessness is a common symptom for patients with most lung diseases

You will experience breathlessness at some time throughout your illness.

Typically, when breathless, most people start talking in short sentences, and taking rapid shallow breaths (panting). This is not dangerous, but is an ineffective way of breathing and delivering oxygen to the body. It will result in an increased rate of breathing, an increase heart rate, feeling anxious, a dry mouth and light headedness.

We want you to be able to “reset” this panting to a normal pattern of breathing, to help you reduce your overall level of anxiety and stress. By practicing the techniques in the booklet, you will be teaching your body to breathe more efficiently on a regular basis and when your are unwell.

Breathing exercises and strategies can help you to manage breathlessness more effectively.

Breathless management using mind discipline

Pacing

It may be necessary for you to slow down, or pace yourself by planning to split up daily activities to achieve all that you need or want to do. As part of this, why not:

- Sit down during washing and dressing
- Sit down in the kitchen whilst preparing a cup of tea or a meal
- Placing items that you frequently use in accessible places e.g. telephone
- Avoid bending or lifting heavy objects

Ensure there are places to sit and rest around the house, this allows you to stop and rest when you are walking around the house e.g. at the bottom or top of the stairs.

Your breathlessness should not prevent you from doing all activities, but you may need to plan the activities or consider a different way of doing things.

Slow down the pace of your walking to be less breathless at the end of the task - do not rush to the finish line!

If climbing the stairs, try breathing in and out through pursed lips and resting between each step, or in a rhythm that suits you.

Mind discipline is a way of helping you to focus your mind away from unwanted breathlessness and anxiety.

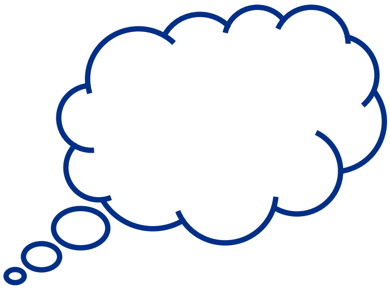
Mind discipline helps you to control your thoughts, worries or fears, rather than them controlling you!

Using these mind techniques takes practice, so try to persevere and you will find that as you get better at it, you will benefit from this technique.

Try thinking of one of the things listed below, for a few moments to begin with, then for longer as you become more confident in the technique.

Imagine every little detail - colours, scents, sounds, the weather, how you felt etc., to distract your mind, close your eyes in conjunction with some of the techniques to control breathlessness:

- A picture, photograph or painting
- A room in your house
- A well loved walk or view
- A field of daffodils or corn blowing in the wind
- The colours of the rainbow

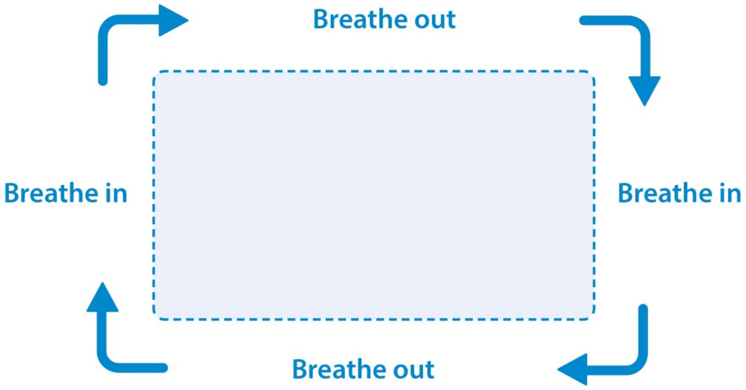


- Walking on a sandy beach; feeling the sand between your toes
- Trees blowing in the breeze and cherry blossom
- A harbour with boats bobbing up and down
- Counting slowly back from 1000 in your head
- A favourite piece of music or song

If thoughts come into your head, recognise them, and let them pass, bringing your attention back to your mind discipline.

The team can refer you to pulmonary rehabilitation, who will discuss these techniques further.

How to use Visual Distraction



Follow the sides of the rectangle with your eyes as you use relaxed tummy breathing.

Gradually slow the speed at which your eyes move around the edge of the rectangle to slow your breathing.

You can use visual distraction with everyday objects e.g. TV, door frame, picture frame, trace a line with your eyes around the outline of the object:

- Take a nice slow breath in, through your nose following the object.
- Hold for a couple of seconds (if possible).
- Take a nice slow breath out, through your mouth, again following the object. See the diagram above for direction.

Rest for as long as needed, then repeat. This technique can help to regulate your breathing and can distract you from any feelings of panic or anxiety you may experience.

Keeping active and Pursed Lip Breathing

If you have COPD, being active can help you to improve your breathing, fitness and quality of life. Do not avoid activities that make you breathless, as you will become less fit and out of breath more easily.

Please speak to the COPD team about a referral to the Pulmonary Rehabilitation Team for an exercise programme made just for you.

Breathing techniques can help you reduce your feelings of breathlessness. They can also help if you get out of breath suddenly.

Your Healthcare Professional can help you find what works best for you.

You can also learn ways to help control your breathing.

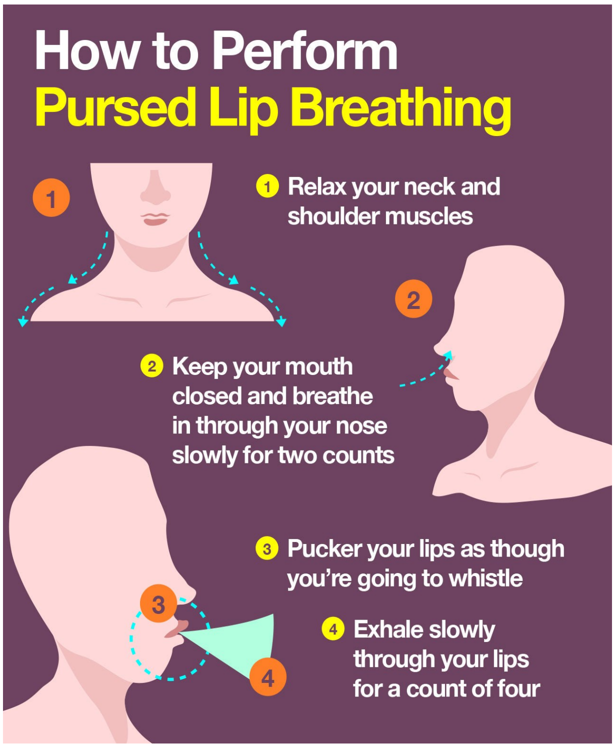
For example slow deep breathing:

- Relax your neck and shoulder muscles
- Keep your mouth closed and breathe in through your nose slowly for two counts and breathe out through your mouth
- Try to relax and feel calm each time you breathe out

When you feel short of breath, Pursed Lip Breathing helps get more oxygen into your lungs and calms you down so you can better control your breath.

To practice your Pursed Lip Breathing:

1. Drop your shoulders down, close your eyes, and relax
2. Inhale through your nose for two counts
3. Pucker your lips like you are going to blow on something
4. Exhale slowly through your pursed lips for four to six counts, do this slowly and do not force air out
5. Repeat until you feel in control of your breathing.



Active Cycle of Breathing (ACB)

Why do we encourage you to clear your chest?

ACB can reduce phlegm from your chest with more ease. Removing phlegm can help reduce risk of infection and improve shortness of breath.

Phlegm sitting on the lungs can act like a barrier, reducing the amount of oxygen getting into your lungs and around your body, whilst also stopping carbon dioxide from being blown out, which can make you feel more breathless.

The gradual collection of phlegm in your lungs can act like a breeding ground for infection.

This technique helps with the removal of phlegm from our chest - (chest clearance).

It consists of 3 stages which are performed in a cycle:

1. Relax breathing

2. Take big deep breaths (perform this stage three times).

Each breath must be:

- A slow, big, deep breath in
- Hold for 3 seconds
- Followed by a relaxed breath out

3. Huffing - After your third deep breath in, as you breathe out:

- Keep mouth wide
- Breathe out quickly

If correct, you should hear phlegm 'rattle' in your chest. This can be performed once or twice. You may cough, this will help to cough up the phlegm on your chest and clear some of the sputum.

Remember;

- Each cycle will help secretions move higher in your chest until you are able to cough and clear them with ease.
- Having plenty of drinks is important, especially when secretions become very thick or sticky.
- Try sipping water between cycles if secretions are hard to bring up.
- Taking too many deep breaths can make you feel light headed, make sure you are sitting when you perform this and take plenty of relaxed breaths between cycles or after each stage of the cycle.

The panic cycle

Anxiety can be a debilitating condition, that is experienced by a lot of patients with COPD and sometimes makes it hard for the person to cope with normal day-to-day life.

Anxiety is more than just feeling stressed or worried.

Anxious feelings are a normal reaction to a situation where a person feels under pressure, and usually pass once the stressful situation has passed. However, for some people these anxious feelings happen for no apparent reason, and the symptoms of anxiety can often develop over time.

For patients suffering from COPD and experience anxiety; these anxious feelings can be very difficult to bring under control, the link between breathlessness, anxiety and panic attacks can also increase social isolation. The uncertainty of being breathless and able to climb stairs or walk a short distance, can create anxiety and the fear of being unwell or admitted to hospital can result in further isolation and avoidance of social situations.

Managing anxiety and depression can greatly improve people’s well-being and quality of life, as well as their COPD management.

People with anxiety and/or depression, can find it very difficult to identify the symptoms they are experiencing with anxiety and find it very difficult to take the first step in seeking help; requiring lots of help from family, friends and health professionals.

Signs of anxiety

There are many types of anxiety, and many different symptoms; not every patient experiences the same symptoms.

Anxiety can be experienced in different ways such as uncontrollable worry, intense fear (phobias or panic attacks), upsetting dreams or flashbacks.

Some common symptoms of anxiety include:

- Hot and cold flushes
- Racing heartbeat
- Tightening of the chest
- Breathlessness
- Uncontrolled erratic breathing
- Out of control worrying
- Obsessive thinking and compulsive behaviour
- Morbid thoughts

You can write down the contact details of people you may need to contact and any information you might need to keep a record of on the next couple of pages. For example you may need to contact the following:

- A specialist nurse, GP, pharmacist or physiotherapist
- An out of hours clinic or emergency contact
- A friend, neighbour, or family member you can call for help
- A transport provider or taxi firm you use to get to your appointments
- Exacerbations
- Consultant appointments
- Investigations
- Observations

Useful contacts:

Name	Title/role/ contact	Telephone number or email

Date of exacerbation	Antibiotics	Steroids	Reducing regime

Multi-Disciplinary Team (MDT) or Consultant Obstructive Pulmonary Disease (OPD) recording sheet

Referred to MDT or consultant	Reason for referral	Outcome

Chest x-ray

Date of chest x-ray	Outcome

Other referrals

Referred	date	date	date	date	date	date
Pulmonary Rehabilitation						
Smoking Cessation						
Willowbrook						
District Nurse						
Spirometry						

Usual respiratory medication

Your COPD nurse can help you complete this section and discuss your inhalers/medication; they will explain what the benefit of taking the medication regularly is and will go through your inhaler technique every visit.

Inhaler/drug name	Dose	Frequency	Inhaler colour	What is it for

The COPD team can provide you with replacement Volumatic or aerochamber.

How often do you clean a spacer?

1. Your spacer should be cleaned once a month in warm soapy water, to prevent build-up of medicine residue on the inside.
2. Spacers should be replaced every 6 to 12 months.
3. You can check inhaler technique with your GP, practice nurse or pharmacist.

How to clean an aerochamber or Volumatic spacer device

Your COPD team can provide education on how to do this.

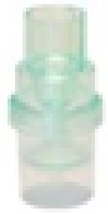
This product can be used right out the package and then cleaned weekly.

- Remove the blue plastic back piece (aerochamber) or separate the large volumatic (two parts)
- Soak the parts for 15 minutes in a mild solution of liquid dish detergent and lukewarm, clean water.
- Shake out the excess water from the parts and allow air/drip dry in a vertical position.

How to use Volumatic or aerochamber

- Shake the inhaler well before use (3-4 shakes)
- Remove the cap from the inhaler, and from your spacer, if it has one
- Put the inhaler into the spacer
- Breathe out, away from the spacer
- Bring the spacer to your mouth, put the mouthpiece between your teeth and close your lips around it
- Press the top of your inhaler once
- Breathe in and out very slowly four times (tidal breathing). If you hear a whistle sound, you are breathing in too fast. Slowly breathe in and then breathe out
- Repeat for the next dose of inhaled therapy

Information using compressor/nebuliser



The compressor is the machine that provides the power.

The nebuliser is the chamber which liquid medicine is placed.

If you have been provided with a compressor from Halton equipment pool, please ensure this is serviced yearly.

If you have purchased your own compressor, please ensure they are serviced as directed by manufacturers warranty.

How to use your nebuliser

- Sit upright and breathe normally (you do not need to take deep breaths)
- Keep the nebuliser upright
- Do not place the nebuliser on the floor, it may draw dust or carpet fibres from the carpet into the machine, place the nebuliser on a table or chair.
- The nebuliser should take 5-10 minutes for the liquid to disperse. If it takes longer the chamber may need cleaning or changing. The nebuliser masks should be changed every 3 months.
- When the nebuliser sounds like it is spitting or stops steaming, the nebuliser is complete and may be switched off.
- If you have been prescribed regular preventative treatment e.g. Fostair or Relvar, Trelegy or Trimbow this medication must be continued, even though you are using a nebuliser at the moment.
- If you are on Spiriva/Tiotropium etc, and prescribed Atrovent nebules consult with your COPD nurse, this may need to be stopped for a short period of time under direction from the team/consultant.

Cleaning the nebuliser

- The nebuliser should be cleaned with warm soapy water, rinsed thoroughly and dried
- This should be done ideally after every use or at least daily to reduce infection
- Before use, switch on the compressor with the nebuliser and tubing attached, without any liquid medicine in the chamber, this ensures the chamber is dry and that there are no blockages. It only needs to be switched on for a few moments. Germs like wet, moist, warm areas and if the acorn is not clean and dry you run the risk of contamination and further infection
- Wipe the compressor/nebuliser once a week with a damp cloth. Only clean the compressor when it is switched off and unplugged from the wall socket.
- If your compressor has filters, please ensure you change the filters every 3 months, the COPD team can provide the filters.

Breakdown of compressor

If you have an equipment pool nebuliser, please contact your local provider.

Alternatively, contact the St Helens COPD team who can arrange a temporary loan compressor. If a problem occurs between 8.30am - 7.00pm, seven days a week, call 0151 430 1553

If a problem occurs overnight, continue to use your inhalers as you did before the nebuliser was provided, and use your blue inhaler via volumatic as required. Please contact the above number the next morning to arrange a loan compressor, as well as making sure you always have volumatic/aerochamber at home.

The team can provide you with replacement masks and filters (four masks and filters annually).

Please make sure you have a small stock at home and order replacements in advance, as the team may not be able to provide replacements the same day.

If you have been loaned a short term compressor, whilst having a flare-up, please ensure it is returned to the team, to support other patients during a flare-up of their condition.

If you require a long term nebuliser this must be agreed with your GP/consultant, the COPD team can arrange a nebuliser trial and if appropriate arrange a long term nebuliser for you.

Oxygen

Oxygen is a prescription that must not be altered or changed, unless under the direction and monitoring from the specialist nurses in the domiciliary oxygen service.

It is essential that you attend regular oxygen appointments to monitor your arterial blood gases, these appointments are made at the end of each oxygen clinic and sent to you in the post.

If you have an oxygen appointment and have been prescribed antibiotics or oral steroids for a flare up of your chest condition, please contact the team to rearrange your oxygen appointment for 6-8 weeks after your flare up.

Previous history of type 2 respiratory failure

If you have been told that you have a history of type 2 respiratory failure, please discuss this with your oxygen service or COPD specialist nurse.

Your COPD team or oxygen service will provide you a type 2 alert card and pack.

This pack provides you with a mask and venturi to ensure that if you require oxygen in an emergency, that you are not given high flow oxygen and your oxygen is maintained between 88-92 % oxygen saturations.

Oxygen continued

Oxygen Alert Card

Name:

I am at risk of Type 2 Respiratory Failure with a raised CO_2.

Please use my 24% or 28% venturi mask to achieve oxygen saturation of 88% to 92% during an exacerbation.

Use compressed air to drive nebulisers (with nasal specs 2 L/min).
If compressed air is not available, limit oxygen driven nebuliser to 6 minutes.

You will also be provided with a grey wristband.

Please make sure you wear your alert wristband, as it highlights target saturations 88-92% to alert all health care professionals of your oxygen requirement.

If you require a replacement pack or wristband, please contact the team on 0151 430 1553. Nebuliser must be driven via air and not oxygen.

Flight assessment

If you have COPD, please discuss this with your GP or consultant prior to arranging a holiday abroad. Please ensure that you have appropriate holiday insurance.

If your resting oxygen saturations are normally less than 95% on room air, please discuss with your GP or COPD team as a flight assessment may be required; the reason for this is that we breathe 21% oxygen above sea level however, once you are in an aeroplane we only breathe 18% oxygen.

Please note there is a charge for flight assessments and not available on the NHS.

Baseline observations

Date:	
BP	
Heart rate	
Respiratory rate	
Oxygen saturations	

Oxygen recording sheets

Pulse oximetry

Date	Sats	Room air/oxygen

Blood gases results

Date	Gases	Room air/oxygen	Signed
Date	Gases	Room air/oxygen	Signed
Date	Gases	Room air/oxygen	Signed

References

http://guidance.nice.org.uk/VG101

Overview | Chronic obstructive pulmonary disease in over 16s: diagnosis and management | Guidance | NICE https://www.nice.org.uk/guidance/ng115

How can I manage my breathlessness? | Asthma + Lung UK (asthmaandlung.org.uk) Breathe in and out diagram:
https://www.asthmaandlung.org.uk/symptoms-tests-treatments/symptoms/breathlessness/how-can-i-manage-my-breathlessness

Physical activity and your lungs | Asthma + Lung UK (asthmaandlung.org.uk)
Cycle of inactivity:
https://www.asthmaandlung.org.uk/living-with/keeping-active/physical-activity

What Is COPD and How Can Essential Amino Acids Help? – The Amino Company How to perform pursed lip breathing:
https://aminoco.com/blogs/health/copd-can-essential-amino-acids-help

Differentiating Between Panic Attack and Panic Disorder | Healing Prose
The Panic Cycle:
http://healingprose.com/?p=212

Trust introduces wristbands for COPD patients – NursingNotes:
http://nursingnotes.co.uk/news/trust-introduces-wristbands-copd-patients/

For further information:

Contact COPD team on 0151 430 1553

Monday – Friday 8.30 am–07.00 pm (7 days a week) to discuss the enquiry and help with any problems.

Further advice may be obtained from:

St Helens community COPD Rapid Response Service
Suite 2, 2nd floor
Lowe House
Crab Street
WA10 2DJ

NHS
Mersey and West Lancashire
Teaching Hospitals
NHS Trust

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

St Helens Hospital
Marshall Cross Road,
St Helens, Merseyside, WA9 3DA
Telephone: 01744 26633

www.MerseyWestLancs.nhs.uk