Live Well With COPD
An Everyday Guide for You and Your Family
Getting Started

When you have COPD, taking care of yourself is important. By learning to take care of yourself, you will:

- Breathe easier
- Have more energy
- Feel better!

This guide is filled with tips from people with COPD. Use these tips to start taking better care of yourself, one step at a time.

You can’t cure COPD, but you can still live a good life!

"When I was diagnosed with COPD, I didn't think I would be able to walk outside ever again. After using the tips in this guide, I'm up to 2 laps around my block!"
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COPD stands for chronic obstructive pulmonary disease. COPD is a lung disease. People with COPD have a hard time getting air in and out of their lungs.

COPD is sometimes called chronic bronchitis (bron-ki’-tis) or emphysema (em-fih-see’-muh). People can get COPD from smoking. However, some people get it from being around other people who smoke or from breathing dirty air. COPD can make people:

- Feel like they can’t catch their breath.
- Cough a lot.
- Cough up more mucus or phlegm.
- Feel like their chest is tight.
Symptoms of COPD

If you have COPD, you may have some of these symptoms:

- Coughing
- Wheezing
- Shortness of breath
- Lack of energy or feeling tired
- Chest tightness
- Chest infections

Your symptoms will depend on how severe your COPD is. Some people have mild disease and only a few symptoms. Others have very severe disease and very bad symptoms.
Testing Your Lungs

When you are first diagnosed with COPD, you may need certain tests. These tests help your healthcare team see how your lungs are working and also how severe your COPD is. The tests might include:

- **Spirometry (spih-rom’-uh-tree).** This is the most common breathing test. You take in as deep a breath as you can, and then you blow it all out into a device as hard and as fast as you can. The test provides two numbers:
  1. **Your FVC number.** This measures how much air you can breathe out.
  2. **Your FEV1 number.** This is another measure of how much air you can breathe out. This number helps your healthcare team see how severe your COPD is and helps you get the kind of care you need.

- **Body plethysmography (pleh-this-mah’-gruh-fee).** This test measures how large your lungs are. You will sit inside a closed booth (like a phone booth) and follow the directions given to you by a technician.

*This is a spirometry machine.*
Severity of COPD

COPD has four levels of severity. They range from mild to very severe. Severity is based on:

- Your symptoms
- Your spirometry results
- Other health problems you may have

Your healthcare professional will tell you how severe your COPD is based on the following information:

<table>
<thead>
<tr>
<th>Stage</th>
<th>Symptoms</th>
<th>Spirometry Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>• A little hard to breathe</td>
<td>FEV1 is 80% or more of normal</td>
</tr>
<tr>
<td></td>
<td>• Some mucus</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Cough</td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td>• More coughing</td>
<td>FEV1 is between 50% and 80% of normal</td>
</tr>
<tr>
<td></td>
<td>• Wheezing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Harder to breathe</td>
<td></td>
</tr>
<tr>
<td>Severe</td>
<td>• Very hard to breathe</td>
<td>FEV1 is between 30% and 50% of normal</td>
</tr>
<tr>
<td></td>
<td>• Hard to do the things you like to do</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Lots of wheezing and coughing</td>
<td></td>
</tr>
<tr>
<td>Very severe (also called end stage)</td>
<td>• Very hard to breathe, even at rest</td>
<td>FEV1 is less than 30% of normal</td>
</tr>
<tr>
<td></td>
<td>• Frequent complications, such as lung infections</td>
<td></td>
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</table>
Your Healthcare Team

When you are being treated for COPD, you may work with a lot of different healthcare professionals. These people might include:

- Doctors
- Nurses
- Respiratory therapists
- Pharmacists
- Case managers
- Social workers
- Health navigators

Your healthcare team will help you learn about your COPD and manage it. But YOU are the most important part of the team! If you have questions or concerns, don’t be afraid to speak up.

Your family members or loved ones might also be a part of the team. They can come with you to your appointments to ask questions. They can also help you remember things you and your healthcare professional talked about at your appointments.
After You've Been Diagnosed

COPD Over Time

When you are diagnosed with COPD, you might have questions like:

- Is there a cure?
- Will my COPD get worse with time?
- What stage of COPD do I have?
- How long will I live?

You should ask your healthcare professional these questions. The answers will depend on things like your age, your overall health, and what stage of COPD you have.

The good news is that many people live full and happy lives with COPD! COPD can be managed with medicines and some lifestyle changes. The tips in this booklet will help you live well with COPD.
After You’ve Been Diagnosed

Getting Support

Getting diagnosed with COPD can be scary. Living with COPD can be hard at times. Sometimes it can feel overwhelming. If you have COPD, you might feel:

• Frustrated
• Tired
• Scared or worried
• Irritated or upset
• Embarrassed
• Depressed

These feelings are normal. It might help to talk with your healthcare team about how you are feeling. It might also help to talk with your family, friends, or a support group.

You and your loved ones can also find support online by visiting:

• The COPD Foundation: https://www.copdfoundation.org/
• The American Lung Association: www.lung.org/better-breathers
My Checklist

☐ I will read this guidebook and learn about my COPD.

☐ I will go to a COPD support group or look for an online support group.

☐ I will show my family and friends this guidebook to help them learn about my COPD and help me take care of myself.

☐ I will put together a list of questions I may have for my doctor or other healthcare professionals.

☐ I will reach out to my healthcare team when I have concerns.

☐ I know who to contact for questions and concerns. Their phone number is:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Inhalers

Inhalers with medicines are commonly used for COPD. Some inhalers are used every day. Others are used only when your breathing gets worse.

**Every day inhalers** (also called maintenance or controller inhalers):

- Use these inhalers every day, even when you feel good. They have medicine in them that helps keep your lungs open. This makes it easier for you to breathe.
- The medicines in these inhalers work best if they stay in your lungs all the time. This means you might need to take one or more puffs per day.
- It may take a few days for you to feel better when using these inhalers.
- Some inhalers that should be used every day include one medicine; others include more than one medicine.
- Some common everyday inhaler names are:
  - tiotropium (Spiriva®)
  - umeclidinium (Incruse Ellipta®)
  - umeclidinium/vilanterol (Anoro Ellipta®)
  - tiotropium/olodaterol (Stiolto Respimat®)
  - glycopyrrolate/formoterol (Bevespi Aerosphere®)
  - budesonide/formoterol (Symbicort®)
  - fluticasone/salmeterol (Advair®)
  - fluticasone/vilanterol (Breo Ellipta®)
Rescue inhalers (also called “as-needed” or “quick-relief” inhalers):

- Use these when your breathing gets worse.
- These inhalers help you feel better fast if you can’t catch your breath.
- Carry your rescue inhaler with you at all times.
- Your rescue inhalers might be called: albuterol (Ventolin®, Proventil®, ProAir®) and ipratropium (Atrovent®).

Your healthcare team will tell you which inhaler to use every day and which inhaler to use only when your breathing gets worse.

**Important!**

It's very important that you understand how each inhaler should be used. Be sure to ask your doctor if the inhaler should be used every day, or if it is a rescue inhaler to use only when your breathing gets worse. Take only the medicine that you are prescribed and follow the directions for each medicine carefully. This will help you stay healthy and safe!
Getting the Most From Your Inhaler

Using your inhaler the right way will help you:

- Breathe easier
- Have more energy
- Feel better

There are two main types of inhalers:

1. Mist Inhalers (sometimes called puffers)
   - Sometimes people use a spacer with their mist inhalers. A spacer is a small tube. One end of the tube connects to the inhaler, and the other end goes in your mouth. The medicine is squirted into the tube, and you breathe in the medicine from the tube. This helps make sure the medicine gets into your lungs, and is not just sprayed into your mouth.
   - There is a newer type of mist inhaler, called Stiolto Respimat©. This inhaler is sometimes called a “soft mist” inhaler.
2. Dry Powder Inhalers

- When you use a dry powder inhaler, you are breathing in a powder instead of a mist.
- There are 2 types of dry powder inhalers. One looks like a disc. One looks like an egg.
Inhaler Tips

- Always bring your inhalers with you when you go to the doctor.
- Carry a rescue inhaler with you at all times.
- In general, it’s best to use a spacer if you are using a mist inhaler. A spacer helps make sure the medicine gets into your lungs and is not just sprayed into your mouth. Ask your doctor if you should use a spacer.
- If you are using a spacer, it should be cleaned on a regular basis. Once a week, use soap and warm water to rinse out the spacer, then let it air dry. Or put it in the dishwasher.
- Get your medicine refilled on time so that you don’t have to go without it.
- If your inhaler has a steroid in it, rinse your mouth out after you use it. Ask your healthcare professional which of your inhalers contain a steroid medicine.
- Most inhalers have a small number on the back that shows how many puffs are left. It’s important that you look at that number regularly. The inhaler will still “puff” even after the medicine is gone. This means you aren’t getting the medicine you need.
- If there are no numbers on the back of your medicine, ask your doctor or pharmacist how you can tell when you run out.
Inhaler Tips (continued)

If your healthcare team has any other instructions, write them here:

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________
Nebulizers

Nebulizers are machines that turn your COPD medicine into a mist. This makes it easy to inhale. Nebulizers are not portable like inhalers. This means they need to be kept at home.

Your healthcare team might have you use a nebulizer if you use certain COPD medicines. You might also use a nebulizer if you find an inhaler hard to use.

To use a nebulizer, you will:

• Plug the hose (or tubing) into the machine.
• Fill the cup with your medicine. Close the lid tightly. Always hold the cup upright.
• Attach the other end of the hose into your medicine cup.
• Turn it on.
• Put the mouthpiece in your mouth. Close your lips tightly around the mouthpiece. This makes sure the medicine gets into your lungs.
• Breathe normally through your mouth until all the medicine is gone. This usually takes 10 or 15 minutes.
• Turn off the machine when you are done.

NOTE: These are general instructions. Be sure to read the manual or instructions that come with your nebulizer.
Cleaning Your Nebulizer

It’s important to keep your nebulizer clean. This will prevent bacteria from growing in it. Bacteria can cause a lung infection. To keep your nebulizer clean, follow these steps after each use:

1. Wash out the medicine cup and mouthpiece with mild dish soap.
2. Let them air dry completely on a clean towel or paper towels.
3. After they are dry, hook up the nebulizer and run air through it for about 20 seconds. This will make sure all the parts are dry.
4. Take the nebulizer apart and put it in a safe place for next use. Cover the nebulizer to prevent dust or dirt from getting on it.
5. Never wash the hose or tubing.

You will need to change the filter once in a while. Check the instructions on your machine to see how.
Oxygen

Some people with COPD need extra oxygen. Your healthcare team will tell you if this is something you need.

Oxygen can help you:

- Catch your breath.
- Be more active.
- Sleep better
- Have more energy.
- Live longer.

If you are told that you need oxygen, be sure to ask your healthcare professional when and how you should be using it. Some questions to ask your healthcare professional about oxygen may be:

- Should I use oxygen when I sleep?
- Should I use oxygen when I exercise?
- How much should I use it during the day?
- How do I set up my oxygen tank?
- How much oxygen should come out of my tank (also called the flow rate)?
Staying Safe With Oxygen

Oxygen is extremely flammable. This means it can catch on fire easily. It’s important that you:

- Don’t smoke while you use oxygen.
- Don’t use oxygen near the stove or fireplace.
- Keep a fire extinguisher near your oxygen.

You might have an oxygen machine or an oxygen tank. Because oxygen machines need to be plugged in, if your power goes out, you might be without oxygen. Oxygen machines need to be plugged in and are not portable. Oxygen tanks are portable, meaning you can take them with you on the go.

Portable oxygen tanks do not need to be plugged in. Some safety precautions you can take are:

- Have a backup portable oxygen tank that does not need to be plugged in.
- Call your power company and tell them that you are on oxygen.
- If there is an emergency, have a plan in place. See page 47 for tips on staying safe in an emergency.

Oxygen is flammable! This means it can cause a fire. Be very careful when using your oxygen tank or machine.
Pulmonary Rehab

Pulmonary rehab is a program that can help you learn to live well with your COPD. You will work with a team of specialists to learn exercises that help you breathe better and feel better. They will teach you how to manage your COPD at home so you can be more active and stay healthy. You might also meet other people who have COPD.

At pulmonary rehab, you will set goals with your care team. Examples of some goals might be:

- I want to go grocery shopping on my own.
- I want to walk around the block.
- I want to be able to play with my grandkids.

You may be asked questions about your health and health history. You may also be monitored as you walk around. Your team is looking at your heart rate, blood pressure, and the oxygen level in your lungs to learn about what you can and can’t do in your daily life. It also helps them come up with an exercise program for you.
Don’t be embarrassed if you get out of breath when you are walking around. It is very common for people with COPD to get out of breath! With time, pulmonary rehab will help you become more active and feel better. You will also learn about:

- Staying healthy with COPD
- Breathing techniques
- Medicines
- Nutrition
- Staying relaxed and managing stress
- Oxygen
- Traveling with COPD

Pulmonary rehab won’t cure your COPD, but it can help you feel better, do more, and be more active.

“At pulmonary rehab, I learned to take it slow when I walk my dog. I also learned how to stop and catch my breath when I have to.”
Hospitalization

Sometimes your symptoms from COPD can cause you to go to the hospital. There are a few steps to take to make sure you stay safe in the hospital and when you come home.

- If possible, have a family member or friend stay with you or be with you as much as possible.
- Bring a list of your prescription and over-the-counter medicines and supplements. The list should include any medicines started during your hospital stay. Share this list with the hospital healthcare team.
- Check your hospital wristband to make sure your name and information are correct. Hospital staff should check this band each time they give you a new medicine, take a blood sample, or do any tests.
- Protect yourself from infection. Make sure guests or anyone who touches you, including hospital staff, washes their hands.
- Ask friends and family members not to visit if they have flu or cold-like symptoms.
- Don’t be afraid to speak up if you have questions or if you sense something isn’t right.
Very Severe COPD

Some people have COPD that is very severe. This means that your lung function is very poor and that you can’t do most activities because of the disease. If your COPD is very severe, talk with your healthcare team about what some of your treatment options might be. These can include:

- **Clinical trials.** Clinical trials are research studies that test whether newer medicines or treatments might help your COPD. These medicines are usually experimental or not commonly used. It’s very important to talk to your healthcare team before you enroll in a clinical trial.

- **Surgery.** There is a certain type of surgery called “lung volume reduction surgery” that might help your COPD. This type of surgery removes some of the most damaged tissue in your lungs. This surgery only works in some patients, and is not right for everyone.

- **Lung transplant.** This is major surgery for certain patients with the most severe disease. A transplant means that the surgeon replaces your lungs with healthier lungs from another person. This can be a long process that has risks. It is a very serious decision. Talk with your healthcare team and family to decide whether this is the right option for you.
My Checklist

☐ I will bring a list of my medicines to each doctor’s visit.
☐ If I have questions about how to use my medicines, I will ask my healthcare team.
☐ I will use the medicines I am supposed to take on a daily basis every day.
☐ I will use my rescue inhaler when my breathing gets worse.
☐ I will rinse my mouth and gargle after using these inhalers: __________________________________________________________

☐ I will set a reminder for refilling my prescriptions. I will talk to my pharmacist about ways to make sure I always get medicine refills.
☐ I will keep my nebulizer clean.
☐ I will tell the power company that I use oxygen to stay safe in case my power goes out.
☐ I will ask my doctor if pulmonary rehab is right for me.
☐ I will talk to my healthcare team if I have any side effects that I am concerned about.
☐ I will talk to my healthcare team about all of my treatment options.
☐ __________________________________________________________
☐ __________________________________________________________
Plan for When Your Breathing Gets Worse

With COPD, you might have good days or bad days. The bad days are sometimes called “flare-ups.” A flare-up is when your COPD gets worse for a while.

If you are having trouble breathing, wheezing more, or feeling more tired than usual:

- Rest
- Try breathing exercises
- Use your rescue inhaler

Be aware of the times when your breathing gets much worse than usual. Signs to watch out for:

- You are wheezing much more than usual
- Your rescue medicines aren’t working like they normally do
- You are coughing more, or coughing up a different color phlegm or mucus
- You have a fever
- You are scared or worried
- Your legs are swelling more than usual

If you notice any of these problems, call your doctor. Make sure you tell him or her that you are having trouble breathing.

You should call 911 if you:

- Are breathing very fast and hard and your rescue medicine isn’t helping
- Your chest feels tight for more than 5 minutes
- Your lips, hands, or feet turn blue
- You can’t finish a sentence in one breath
Breathing Exercises

Breathing and coughing exercises can help you open up your lungs and feel better. Some people with COPD think these exercises help them breathe better than anything else they do. They are even more important to use when you get scared.

“My doctor told me to practice my pursed lip breathing a few times a day. I do it while I watch TV. It helps a lot.”
Pursed-Lip Breathing

Pursed-lip breathing can open up your lungs and help you relax when you can’t get enough air. Practice this exercise a couple of times each day. Use it when you can’t catch your breath or you are feeling worried.

**Step 1:** Take a slow breath in through your nose. While you breathe in, count to two: “One...two...”

**Step 2:** As you breathe out, pucker or purse your lips as if you were blowing bubbles. While you breathe out, slowly count to four: “One...two...three...four...”

**Step 3:** Repeat steps 1 and 2. Doing this 4 or 5 times can slow down your breathing and make it easier to get the air you need.

**Remember!** Don’t breathe out too fast. Blow out like you are blowing bubbles, not like you are blowing out a candle.
Manage Your COPD

The Huff Cough

Using the Huff Cough a few times can help you clear the mucus or phlegm out of your lungs. It doesn’t tire people out like a normal cough. Some people call this cough a forceful cough.

**Step 1:** Slow your breathing down by doing pursed-lip breathing 3 or 4 times. Breathe in “one...two...” and breathe out “one...two...three...four...”

**Step 2:** Let your belly push out as you take a slow, deep breath in. Fill your lungs almost all the way.

**Step 3:** Hold your breath while you count to four: “One...two...three...four...”

**Step 4:** Tilt your chin up, and open your lips.

**Step 5:** Use your belly to push the air out of your lungs in short, quick bursts. Make a sound like “huh, huh, huh.”

“I learned about the Huff Cough in pulmonary rehab. It really helps me clear out my chest.”
Tips for Catching Your Breath

• “When I climb the stairs, I stop and rest each time I breathe in, and I step up each time I breathe out.”

• “I always do my pursed lip breathing while I am getting dressed. It helps me control my breathing.”

• “I know now that I can’t walk and talk at the same time. I just stop walking when I want to say something.”
Be More Active

Staying active is good for your heart and lungs. Any exercise will help you feel stronger and breathe easier.

Start Smart!

Build your strength slowly. Exercise until you have a little trouble breathing and it takes you 1 or 2 minutes to recover. Then start again. You might be able to push yourself a little bit by doing more of the things you normally do, like:

- Housework
- Working in your yard or garden
- Playing with your grandkids

Be patient when you start. It takes a while for your body to get used to a new activity. The more active you are, the more you will be able to do.

Safety Tips

- Push yourself but don’t overdo it.
- If it’s humid or smoggy out, exercise inside.
- Make sure you drink plenty of water before and after you exercise.
- Exercise with a friend.
- Ask your healthcare team what exercise is safe for you.
- Pulmonary rehab can help you learn how to exercise safely.
Eat Right

Nutrition is important for your COPD and for feeling better overall. When you make healthy choices, you’ll notice that you feel better, too. You might breathe easier or get sick less often. Follow the tips below for your health.

- **Stay at a healthy body weight.** It’s not good to weigh too much or too little. Ask your doctor what a healthy weight is for you.
- **Drink lots of water.** Try to drink at least eight 8-ounce glasses of water per day. Try to limit sugary drinks, like soda.
- **Eat lots of fresh fruits and vegetables.** These are filled with vitamins and minerals.
- **Eat lean proteins.** These are good for your body and your heart. Try chicken without the skin, ground turkey, fish, or tofu.
- **Eat whole grains.** These are good for you and keep you full. Whole grains include whole wheat bread, whole wheat pasta, oatmeal, and brown rice.
- **Limit salt in your diet.** Eating too much salt can make your body hold onto water, which makes breathing harder. Try to season your foods with fresh herbs and lemon juice.
- **Try to avoid overeating.** Feeling very full can make it harder to breathe.
- **Eat slowly.** This will help you not eat too much. It will also help you breathe better during your meal.
Know Your Zone

It’s important to know what zone your COPD is in every day. This helps you know what to do to manage your symptoms.

Review the sheet on the next page with your doctor or healthcare team. The green, yellow, and red zones show symptoms of your COPD. You might also have other symptoms that aren’t in the list.

You can talk about this plan at each doctor’s visit. Fill in the blanks if you need to add any symptoms or actions.

In the “Actions” column, you and your doctor will decide what you should do when you have certain symptoms.
## Manage Your COPD

### COPD is good today
- ✓ Normal activity levels
- ✓ Sleep well
- ✓ Eat well
- ✓ Cough and mucus are normal

**Actions**
- ✓ Take my medicines
- ✓ Use my oxygen (if prescribed)
- ✓ Continue diet and exercise plan
- ✓ Avoid smoke
- ✓ Practice breathing exercises

### I'm having a bad day or a flare-up
- ✓ Feel breathless
- ✓ I have less energy than usual
- ✓ I have more mucus
- ✓ I have thicker mucus
- ✓ Using my medicines more often
- ✓ More coughing
- ✓ I haven’t slept well
- ✓ I don’t have an appetite
- ✓ My medicine isn’t helping

**Actions**
- ✓ Use medicine
- ✓ Use rescue inhaler every __ hours
- ✓ Start a new medicine (name, dose)__________________
- ✓ Use oxygen
- ✓ Get rest
- ✓ Use pursed lip breathing
- ✓ Avoid smoke
- ✓ Call my doctor right away if my symptoms don’t get better

### I need to see a doctor now
- ✓ Short of breath even when not moving
- ✓ Not able to do any activity because I can’t breathe
- ✓ Can’t sleep because I can’t breathe
- ✓ Fever or shaking chills
- ✓ Feel confused or very tired
- ✓ Chest pains
- ✓ Coughing up blood

**Actions**
- ✓ Call 911 or seek medical care right away
- ✓ While getting help, do:
  - ________________
  - ________________
  - ________________
  - ________________
  - ________________

**Call 911!**

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**My COPD doctor’s phone number is:** __________________________________________
Stay Healthy and Avoid Illness

COPD can make getting sick much more serious. Even just a cold can make your breathing feel much worse. Follow the tips below to stay healthy.

- Stay away from people who are sick.
- Wash your hands with warm water and soap a lot, especially before eating.
- If you feel like you are catching a cold or other illness, call your doctor for advice.
- Get your flu shot every October or November.
- Make sure you have had your pneumonia shot. Make sure you get 2 shots if you are over 65.
- Ask your doctor if you need any other vaccines to stay healthy.

Use the list below to keep track of your vaccines:

Date of my last flu shot: _____________________________________________

Date of my last pneumonia vaccine: ____________________________________

Date of my last ____________________ vaccine: _________________________

Date of my last ____________________ vaccine: _________________________

Important!

Getting vaccinated helps you and the people around you stay healthy. With COPD, it’s very important to get your flu and pneumonia shot.
My COPD Management Checklist

☐ I will put the “Know Your Zone” tip sheet (page 33) on my refrigerator to help me and my loved ones keep track of my COPD symptoms.

☐ I will do my breathing exercises every day.

☐ I will start eating healthier and more slowly.

☐ I will start exercising slowly.

☐ I will get all my vaccines.

☐ I will ask my doctor what to do if I feel like I am catching a cold or other illness.

☐ I will quit smoking.

☐ 

☐ 

☐ 

☐ 

☐ 

Quit Smoking

Quit Smoking

Quitting smoking is hard. You probably have tried to stop smoking before. For most people, it takes many tries. Some people think quitting smoking is impossible, but that’s not true! Millions of people have stopped smoking, and so can you.

Quitting will make you breathe easier. It will also save you money!

The average cost of a pack of cigarettes is $7.00. If you smoke a pack a day, that costs you:

- $2,550 a year
- $12,775 over five years
- $25,550 over ten years

Start saving today!
What Makes You Want to Smoke?

Knowing your triggers can help you stay away from things that make you want to smoke.

These are triggers for many people:

- Talking on the phone
- Watching TV
- Driving
- Drinking alcohol or coffee

If you can’t stay away from the things that make you want to smoke, try to change the way you do them. Drink your coffee in a different spot, drive a different route to work, or watch TV in a different room.

Sometimes feelings make people want to smoke, like being:

- Nervous or stressed out
- Bored
- Hungry

Have a plan for what you are going to do when you have these feelings. This guide will help you.
Quit Smoking

What to Do When You Want to Smoke

When you get the urge to smoke, quickly do something else.

• Take a few deep breaths. Do your breathing exercises.
• Think about something or some place that makes you feel good.
• Distract yourself with a piece of gum or a healthy snack.
• Take a walk.
• Call a friend.
• Play a game or look at pictures.
• Write down the reasons that you want to stop smoking.

Hang in there! Usually, a craving for a cigarette will go away after 3–5 minutes.

“When I had the urge to smoke, I called my daughter. I knew she would set me straight!”
Quit Smoking

When You Are Ready to Quit

Pick a “quit date” to stop smoking. Tell your friends and family you will stop smoking on your quit date.

Ask your doctor or pharmacist about medicines to help you quit smoking. These medicines come as:

- Pills
- Gum
- Patches
- Lozenges
- Nasal spray
- Inhalers

Quitting isn’t easy. Ask others for help.
Tips From Former Smokers

- “Gum or candy works for me.”

- “I got my husband to quit with me.”

- “I felt like I needed something to do with my hands. Now I draw or doodle.”

- “I just kept quitting until I quit!”
What to Expect When You Quit

When you first quit, you may feel bad. Many people do. You may feel scared that you can’t quit, and angry that you have to quit. But over time, you will notice that you feel better. This is what you can expect:

**After 8 hours** ... You may feel cranky, on edge, and hungry. It might be hard for you to concentrate. You might feel tired. But the oxygen in your blood is normal again. Your blood pressure and heart rate are going down.

**After 1 day** ... You will still feel cranky and you may cough a lot. Your sense of smell and taste will start to improve.

**After 3 days** ... You are still coughing more than usual. This is normal. But it should start being easier to breathe.

**In a few weeks** ... You will be able to walk more easily. Your lungs can hold more air. You will have more energy.

**In a few months** ... You will be less tired. Your cough will be better. Your breathing will be easier.

**In one year** ... Your risk of heart attack will be halfway back to normal.

**In five years** ... Your risk of lung cancer will be halfway back to normal.
**Quit Smoking**

**You Can Do It!**

Here’s a list of things to help you get ready to quit.

1. **Pick a quit date. Write it here:**

   My quit date is: _______________________

   - Tell your friends and family what your quit date is. Ask for their help. Ask them to not give you cigarettes, even if you ask.

2. **Prepare for your quit date:**

   - Buy healthy snacks (sugar free gum, carrot sticks, sugar-free hard candy).
   - Talk to your doctor about pills, patches, or gum to help you stop smoking.
   - Make plans to spend time with people who don’t smoke and stay away from places that remind you of smoking.
   - Find a hobby that will keep your hands busy, like needlework, woodcarving, or gardening.

3. **On your quit date:**

   - Throw away cigarettes, ashtrays, lighters, and matches from your home, car, and work.
   - Start using your pills, patches, or gum.
   - Stay busy with people and activities that don’t remind you of smoking.
   - Keep healthy snacks and drinks nearby.
   - Keep your hands busy with the hobby you chose.
   - Try to change your normal routine a little, like your meal time or your route to work.
   - Reread this chapter. Remind yourself to think about the things that make you happy when you get the urge to smoke.
   - Write down a list of all the reasons that you want to quit. Put it up on your refrigerator or desk. Look at it when you want to smoke.
My Quit Smoking Checklist

☐ I will pick a quit date.

☐ I will learn what my smoking triggers are and avoid them.

☐ I will come up with a plan for what to do when I want to smoke.

☐ I will ask my doctor or pharmacist about medicines to help me quit smoking.

☐ I will tell my friends and family that I am quitting smoking and ask for their help.

☐ __________________________

☐ __________________________

☐ __________________________
Plan Ahead

Advance Care Planning

Advance care planning means making plans for when you get very sick. This might mean making decisions for when you are no longer able to speak for yourself. You should have conversations with your family, loved ones, and healthcare team about the type of care you want if you get very sick. These conversations might include:

- Sharing your personal values.
- Deciding what treatments you do or do not want.
- Who would speak for you if you could not speak for yourself.
- Talking about life-saving treatments, like CPR to bring back your heartbeat or use of a life-support machine.

These conversations can be hard to have. But it’s important to plan ahead. This helps you get the treatment that you want and need—not more and not less.

“It was hard to talk to my son about what kind of treatment I want if I get really sick, but I'm glad I did it. Now we have a plan.”
Planning for Travel

Before you head out on a trip, call your doctor for advice. Some questions you can ask are:

- Is it safe for me to travel?
- What signs and symptoms of my COPD do I need to look out for?
- I am traveling somewhere with a high altitude. Is that safe?
- Who should I call if there is an emergency?
- How can I travel safely with my oxygen?
- I am going somewhere that has a lot of pollution. How can I stay safe?
- I am going somewhere that is very hot and humid. How can I stay safe?

You might also ask your doctor for a written summary of your condition. This can help any other doctors know how to treat you in case of emergency.

Be sure to bring more than enough of your COPD medicines, and a list of all medicines you are taking.
Travel by Air

Carry your medicines in your carry-on baggage. If you use oxygen, contact your airline a few weeks before you leave for advice. Airlines have specific rules about oxygen on flights.

Travel by Car

If you are taking a road trip, keep the windows closed while you drive. This will help keep fumes out of your lungs. Keep your oxygen upright in the seat next to you. If you can, strap your oxygen in with a seatbelt.

On a Cruise

Contact the cruise line before you book your trip. This will help you know if it’s ok to bring oxygen on board.

Other Tips

- Travel with family or a loved one. This will help you know that someone else is looking out for you.
- Go slow. Travel can be tiring. Take rests when you need to.
- If you start to feel unwell, see a doctor as soon as you can.
Planning for an Emergency

Sometimes things happen that we can’t plan for. This might include a weather-related event, like a severe snowstorm or a hurricane. Let your friends and neighbors know that you might need help if there is an emergency or a weather event.

Many people with COPD choose to create a COPD emergency kit. This is a kit that has all the things you need to stay safe. In your kit, you should have:

- Emergency contact numbers, including the police, fire department, and the power company.
- Extra medicines, like inhalers and rescue inhalers.
- A list of all the medicines you take.
- A face mask to put over your mouth. This will help filter out bad air that could make your COPD worse, like during a fire.
- Back-up oxygen.

Ask your healthcare team for help when you put your kit together.

Keep a bag with your supplies somewhere handy, like in a closet, so that you're always prepared.
My COPD Management Checklist:

☐ I will talk about advance care planning with my loved ones and healthcare team.

☐ I will plan for my travel.

☐ I will create a COPD emergency kit.

☐ __________________________________________________________

☐ __________________________________________________________

☐ __________________________________________________________

☐ __________________________________________________________
My Important Numbers

Primary care doctor: ________________________________
Phone number: ________________________________
Emergency line: ________________________________

Pharmacy: ________________________________
Phone number: ________________________________

Respiratory therapist: ________________________________
Phone number: ________________________________
For more information, go to www.acponline.org/patients

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