



ONE BREATH AT A TIME

This Book Belongs To

 **Pinehurst Medical Clinic**
PINEHURSTMEDICAL.COM

senior health
connect

PRESENTED BY PINEHURST MEDICAL CLINIC WELLNESS TEAM

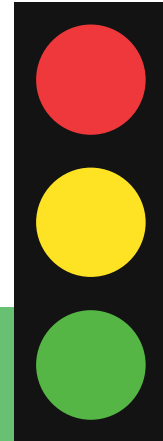
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COPD ZONE TOOL

Every Day...

- ✓ Take your medicine
- ✓ Use oxygen, if prescribed
- ✓ Use pursed lip breathing
- ✓ Track symptoms
- ✓ Balance active and rest periods



ALL CLEAR ZONE

- 👍 Usual activity and exercise level
- 👍 Usual medications are controlling your symptoms
- 👍 Sleeping well at night

WARNING ZONE.....

In Moore County, call your healthcare provider at [910-255-4400](tel:910-255-4400). If after hours, call [910-715-1000](tel:910-715-1000) and ask for PMC Primary Care doctor on call. In Lee County, call [919-774-6518](tel:919-774-6518), during or after hours. PMC Walk In Clinic is available in either county.

- 👎 Harder to breathe
- 👎 Increase in coughing
- 👎 Change in color/thickness in phlegm
- 👎 Feeling tired or restless
- 👎 Increase use of medication
- 👎 Low grade fever
- 👎 Loss of appetite

MEDICAL ALERT ZONE.....

Call 911 for ANY DISTRESS including:

- ! Severe shortness of breath
- ! Not able to exercise or sleep due to breathing
- ! Fever/chills
- ! Confused, slurring of speech

IN CASE OF EMERGENCY

In Case of Emergency: Dial 911

If you have symptoms in the yellow zone, visit your primary care provider, or one of PMC's Walk-In Clinics.

Pinehurst Medical Clinic
 200 Pavilion Way, Southern Pines
 M - F | 9 a.m. - 5 p.m.
 Sat - Sun | 8 a.m. - 11:30 a.m.

Sanford Medical Group
 555 Carthage Street, Sanford
 M - F | 8 a.m. - 5 p.m.
 Sat - Sun | 8 a.m. - 11:30 a.m.

Name: _____ DOB: ____/____/____ M or F
 Address: _____ State _____ Zip _____
 My Doctor: _____ Phone: _____ Hospital: _____

Medical Condition	Allergies
(Attach additional sheet if needed)	(Attach additional sheet if needed)

Please circle if you have any of the following:

- *MOST Medical Order for Scope of Treatment *Health Care P O A *Living Will
- *DNR (*Do Not Resuscitate*) *Where are documents located? _____

Medication	Dosage / Frequency
(Attach additional sheet if needed)	(Attach additional sheet if needed)

Emergency Contacts (*indicate Health Care Power of Attorney on Relationship line*)

Name _____	Name _____
Relationship _____	Relationship _____
Address _____	Address _____
Best Phone _____	Best Phone _____

Medical Insurance: Primary _____ Policy # _____
 Secondary _____ Policy # _____

walk-ins

PINEHURST MEDICAL CLINIC

**For Same Day Appointments, call
(910) 255-4400**

Walk-In Clinic Hours:

Located at 200 Pavilion Way, Southern Pines

Monday - Friday: 9 a.m. - 5 p.m.

Saturday & Sunday: 8 a.m. - 11:30 a.m.

To reach the Doctor on call after hours for urgent matters, call (910) 715-1000. Press option "0" and ask for the PMC Doctor on call.

walk-ins

SANFORD MEDICAL GROUP

Walk-In Clinic Hours:

Located at 555 Carthage Street, Sanford

Monday - Friday: 8 a.m. - 5 p.m.

Saturday: 8 a.m. - 11:30 a.m.

To reach the Doctor on call after hours for urgent matters,
call (919) 774-6518.

SYMPTOMS DIARY

Use this page to record your symptoms.

Date symptom started	What's the symptom? (<i>breathlessness, wheeze, cough</i>)	What time of day does it generally happen?	If it's happening regularly, how often does it happen?	What helped me manage it?	Was this symptom brought on by anything?	Has there been any change in this symptom?

SAVE YOUR ENERGY

1. **Prioritizing**

- a. Evaluate
- b. Eliminate
- c. Prioritize

2. **Planning**

- a. Time of Day
- b. Be realistic
- c. Plan ahead, include breaks

3. **Pacing**

- a. Don't rush
- b. Slow down
- c. Break down to simpler steps

4. **Positioning**

- a. Be aware of your body
- b. Organize your space
- c. Avoid carrying heavy objects
- d. Work at a height for proper posture
- e. Perform task sitting when tired

5. **Breathing Techniques**

6. **Positive Attitude**

- a. Be patient and kind to yourself
- b. Keep a sense of humor
- c. Visualize yourself as someone that makes the most of what you have
- d. Focus on what you can do, not what you can't do



IRRITANTS TO AVOID



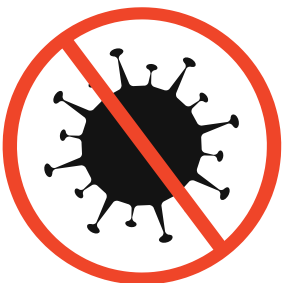
Air Pollution: stay indoors on poor air quality days. Keep windows closed. Use air conditioning, if you have it.



Aerosol: use pump sprays, solid deodorants and cologne.



Dust: change furnace filters often. Have someone help with cleaning, if needed.



Bacteria, Mold, Mildew: replace sponges often, watch for visible mold. Use a humidity meter or dehumidifier.



Open Fires: stay clear of open fires and smoke. Close your windows if your neighbors are burning leaves, wood or other materials nearby.

NUTRITION GOALS FOR COPD

Maintain a healthy weight - if you weigh LESS than recommended

COPD can make the body work harder to breathe. This causes the body to burn more calories and can result in unwanted weight loss. Maintaining a healthy weight and optimal nutrition is vital to give the body enough strength to breathe effectively. Talk to your provider or health coach about the best weight for you.

Other causes of unwanted weight loss include:

- Loss of taste
- Loss of appetite
- Difficulty chewing or swallowing
- Living alone, difficulty moving around or preparing meals

Tips for increasing calories and making mealtimes easier:

Meal Preparation

- Rest before preparing meals
- Choose easy to prepare meals
- Wear oxygen, if needed, when cooking and eating
- Make extra portions and freeze leftovers for easy already made meals

Diet Modification

- If you have low energy, change to soft or blended food to help chewing or swallowing
- Eat several small meals and snacks throughout the day
- Eat slowly and chew foods well
- Eat while sitting up to ease lung pressure
- Drink liquids at the end of meal to avoid feeling too full
- Drink plenty of fluids: About 64 ounces or 8 glasses of non-caffeinated beverages each day. Fluids help to keep mucus thin. 7

NUTRITION GOALS FOR COPD

Nutritional Supplements - Drinks (Boost or Ensure), puddings, bars, soups, or homemade smoothies

Calorie and Nutrient-Rich Foods - When adding calories to your diet, choose nutrient-dense foods like:

- Fruits – banana, avocado, coconut, dried fruit
- Vegetables – white potatoes, sweet potatoes, corn, peas, beans
- Grains and Starches – cereal, oatmeal, grits, granola, bread, rice, pasta, quinoa, tortillas, crackers
- Dairy – whole milk and chocolate milk (or non-dairy alternatives like almond milk, soy milk, or coconut milk), full-fat yogurt, cottage cheese, cream cheese, sour cream, half and half or heavy cream, ice cream
- Protein – eggs, cheese, chicken, turkey, fish, beef, pork
- Fats – butter, olive or canola oil, mayonnaise, salad dressing, nuts, peanut or almond butter, flax or chia seeds

Avoid Too Much Sodium - Added salt and foods high in sodium can cause the body to hold more fluid. This can make breathing more difficult.



Adapted from: "Nutrition and COPD: Eating Well with COPD" by the COPD Foundation (copdfoundation.org)

NUTRITION GOALS FOR COPD

Maintain a healthy weight - if you weigh MORE than recommended

Having excess weight, especially if your BMI is over 35, can also make it more difficult to breathe. Losing 5-10% of your weight can make a significant difference in your breathing and overall health.

Tips for reaching a healthier weight:

Healthy Eating

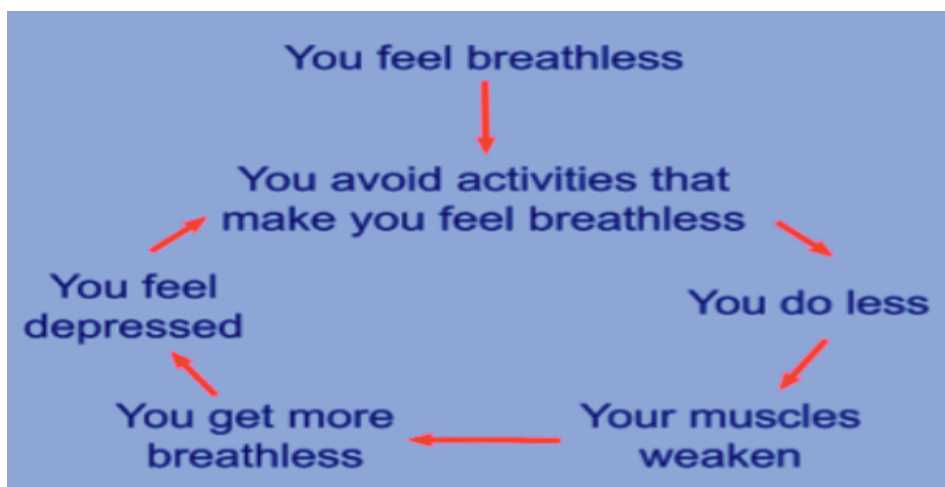
- Choose fresh or frozen vegetables - color half your plate with a wide variety.
- Lean proteins such as fish, turkey, chicken and beans reduce your intake of unhealthy fats. Limit red meat to no more than 2 servings (3-4 ounces) per week. Avoid fried foods.
- Limit starchy, refined carbohydrates (white bread, white rice) and replace with whole grains (brown rice, quinoa, whole grain bread).
- Enjoy fruit, nuts, and low-fat yogurt as snacks instead of chips, snack cakes and cookies.
- Limit or cut out sugar-sweetened beverages - soda, sweet tea, fruit juices.
- Increase water intake - stay hydrated without drinking calories
- Reduce portion sizes by eating off a 9-inch plate and putting away leftovers quickly.
- Avoid added salt and foods high in sodium. This can cause the body to hold more fluid and make breathing more difficult.
- Ask your provider or health coach about scheduling an appointment with a Registered Dietitian.

BREATHING TECHNIQUE



To do pursed-lip breathing:

1. Breathe in through your nose (as if you are smelling something) for about 2 seconds.
2. Pucker your lips like you're getting ready to blow out candles on a birthday cake.
3. Breathe out very slowly through pursed-lips, two to three times longer than you breathed in.
4. Repeat.



www.copdfoundation.org/Learn-More/I-am-New-to-COPD/Breathing-Techniques.aspx

BREATHING EASIER

You can try these different positions to help you breathe more easily:

Sitting in a chair:

Rest feet flat on the floor. Lean forward slightly. Rest elbows on knees or chin in hands. Relax neck and shoulders. Perform pursed lip breathing exercises.



Sitting at a table:

Rest feet flat on floor. Lean chest forward slightly. Rest your head and forearms on pillows on a table. Perform pursed lip breathing exercises.



Sitting in a chair:

Sit upright with your back against a chair. Feet flat on the floor. Rest arms on thighs or arm rests. Relax hands and wrists. Perform pursed lip breathing exercises.



Standing with furniture:

Stand with legs shoulder width apart. Rest elbows or hands on furniture. Relax neck and shoulder. Perform pursed lip breathing exercises.



Standing against wall:

Stand with legs shoulder width apart. Lean hips against a wall. Relax neck and shoulders. Lean forward slightly and dangle arms. Perform pursed lip breathing exercises.



Position for resting and sleeping:

Lie on your side placing pillows under your head and shoulders so that they are above the rest of your body. Make sure neck is supported. Slightly bend your knees, hips and top leg. Place a pillow between the knees for added support.



COUGHING TECHNIQUES FOR COPD

Huff Cough

1. Sit in a chair with both feet flat on the floor. Take a slow, deep breath through your mouth.
2. To exhale, open your mouth and make a "huff" sound in your throat. (This is the same way you might breathe to fog a mirror.) Huff 3-4 times as you exhale.
3. Rest and repeat as necessary.



Controlled Coughing

1. While sitting, lean forward and take a deep breath through your nose.
2. When you exhale, fold your arms across your lower chest and cough shortly, but sharply a few times through your slightly opened mouth.
3. Breathe in again through your nose like you are sniffing and when your lungs are full, continue with controlled coughing.



Things to Remember:

- Breathing in through your nose or sniffing after you cough prevents mucus from being pulled back into your lungs.
- Practicing both methods several times a day and for short periods of time is better than once a day for an extended period of time.
- Getting mucus out lowers your risk of infection and airway blockage
- Always dispose of saturated tissues, and properly wash your hands to prevent infection.

ACTIVITY AND MOVEMENT TIPS

Increase Physical Activity

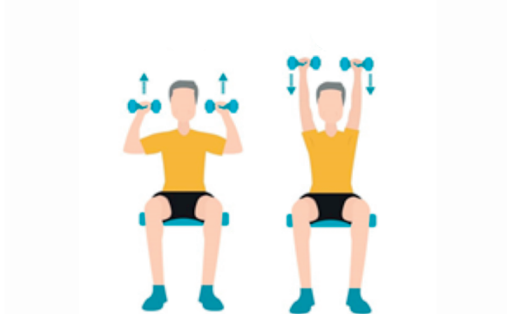
- If you are not currently exercising, begin slowly - start with 10 minutes, 1-3 days each week.
- Choose an activity you enjoy: walking, dancing, group classes, water aerobics.
- Gradually increase the time you spend exercising, working your way up to 30 minutes of cardiovascular or aerobic exercise 5 days each week.
- Add in strengthening exercises to maintain muscle and metabolism.

Behavioral Strategies

- Start with a few small changes and add to it each week.
- Establish a support system - talk with your spouse or friend to help you.



CHAIR EXERCISES

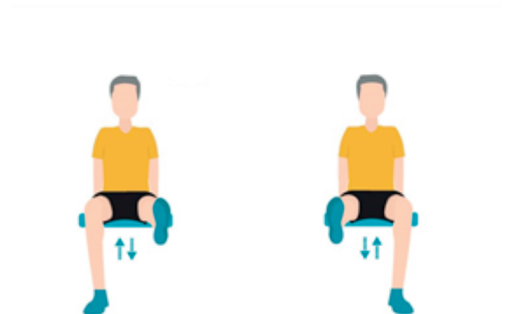
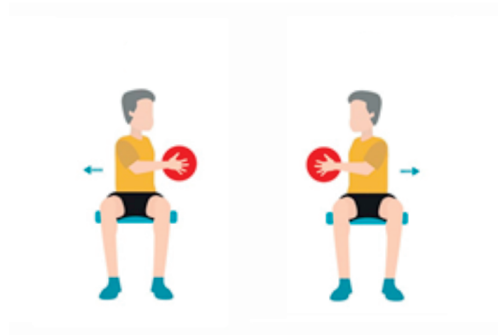


←-----• OVERHEAD PRESS

Use: no weight, light dumbbells, resistance bands, filled water bottles, or canned food
Do: sets of 10

SIDE TWIST ----->

Use: no weight, medicine ball, or single dumbbell
Do: sets of 10

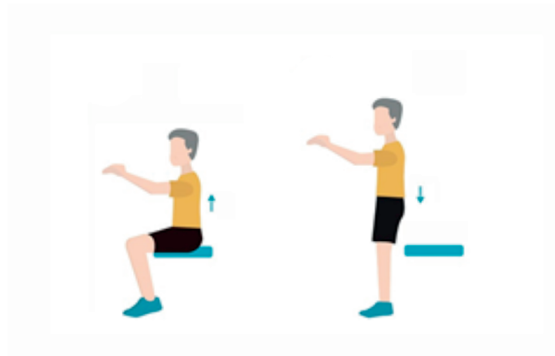


←-----• LEG RAISES

Use: no weight, ankle weights, or resistance bands
Do: sets of 10 (each leg)

SIT-TO-STAND ----->

Use: no weight or hold light dumbbell or medicine ball
Do: sets of 10



PHYSICAL ACTIVITY TRACKER

Week Number _____

Date	*Type	**Intensity	***Time	****Reflection

Total Number of Minutes _____

*Type - walking, jogging, lifting weights, climbing stairs, lunges, squats, push-ups, sit-ups, pull-ups, swimming

**Intensity - light, moderate, heavy

***Time - amount of time in minutes spent performing physical activity

****Reflection - how you felt after exercise like: energized, satisfied, tired, sore, etc.

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QUESTIONS FOR MY DOCTOR

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