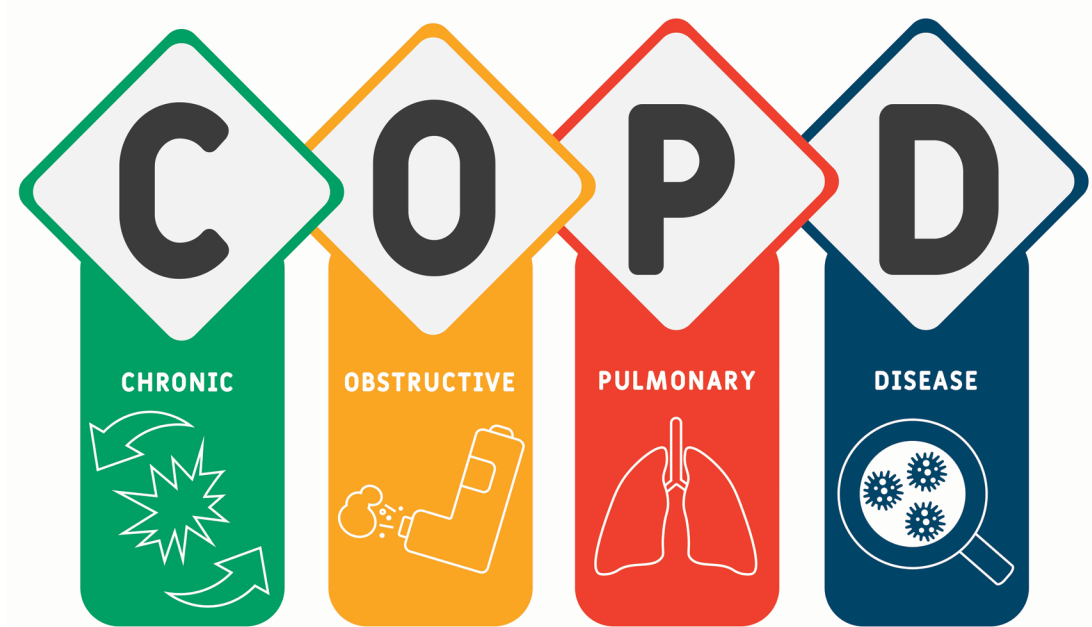


COPD: A Guide for Supportive Therapies



Breathe Easier — Together

Produced by the Vermont Department of Health, COPD Program





Acknowledgements

Three booklets have been prepared to support Vermonters impacted by COPD, their families and caregivers, and primary care providers who prevent, treat, and care for those with COPD to help “Breathe Easier – Together:”

1. COPD – A Workbook for Vermont Patient’s Families and Caregivers
2. COPD – A Guide for Supportive Therapies
3. COPD – A Provider’s Guide

The first two booklets are for individuals impacted by COPD and their families. They offer guidance and tools for navigating the care process and supporting self-management. The last booklet is designed for primary care providers who provide clinical care to those impacted by COPD and highlights national guideline care standards and best practices.

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To request additional copies of any of these booklets and the COPD Action Plan please email: AHS - VDH COPD Program AHS.VDHCOPDProgram@vermont.gov.



Table of Contents

Information to help manage your COPD	05
Anatomy and Physiology	05
COPD – Chronic Obstructive Pulmonary Disease	06
Diagnosis and Clinical Care	07
Personal Goals	08
COPD Action Plan	09
COPD Supporting Therapies	12
Pulmonary Rehabilitation (Pulmonary Rehab)	12
Oxygen	12
Ventilatory Support – NIV	13
COPD Self-Management Techniques	14
Medications and Devices	14
Home Exercise or Workout Plan	18
Breathing Exercises	19
Stress Management	20
Coughing Techniques	21
Sleep	23
Nutrition	24
Smoking Cessation	26
Vaccinations	26
Advanced COPD	27
Palliative Care, Hospice and Home Health Services	27
Advance Directives	28
Checklists and Important Information	29
What to take with you to the hospital	29
Who to call for an emergency	29
Checklist for your next provider's appointment	29
Quality of Life Checklist	29
Resources	30

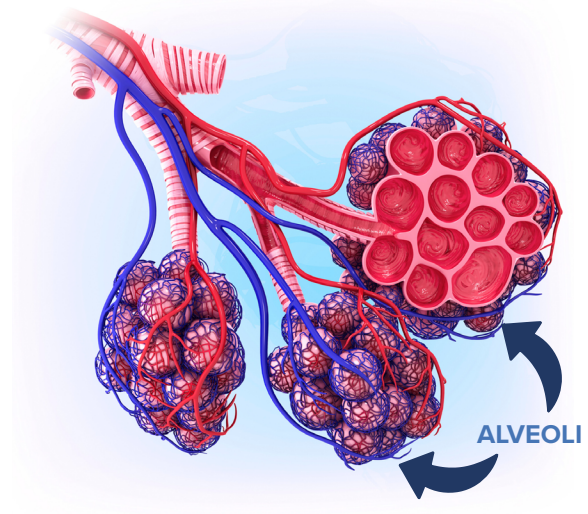
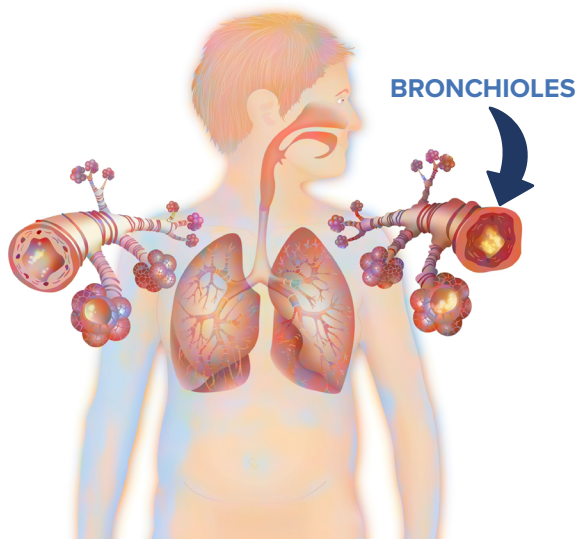
Information to Help Manage Your COPD

Chronic Obstructive Pulmonary Disease (COPD) is a long-term (chronic) condition that makes it hard to breathe. In healthy lungs, air flows easily, and oxygen is delivered to the body. With COPD, the tubes in your lungs (bronchioles or airways) and the air sacs (alveoli) get smaller, swollen, damaged, or blocked.

Anatomy and Physiology

Your airways consist of one main large tube—called a trachea—that runs from your mouth to your lungs. This airway branches off into smaller tubes (bronchioles), which end in air sacs (alveoli).

The bronchioles are wrapped with muscle bands. The alveoli are where oxygen enters the blood and carbon dioxide leaves the blood. In healthy lungs, the bronchioles have normal wall thickness and no extra mucus or phlegm. The muscle bands are relaxed and the alveoli are clear and healthy.





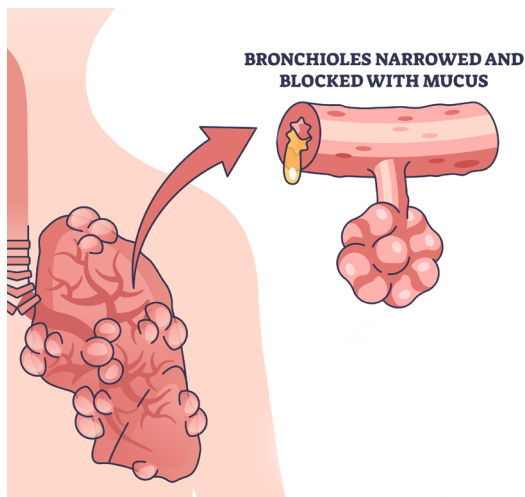
COPD – Chronic Obstructive Pulmonary Disease

Chronic Obstructive Pulmonary Disease (COPD) is a long-term or chronic lung condition where the lungs become damaged in ways that cannot be reversed. This damage makes it harder to breathe over time. The two most common forms of COPD are chronic bronchitis and emphysema, and many people experience a mix of both.

Chronic bronchitis happens when the bronchioles become inflamed, the muscle bands around the airways tighten (called bronchospasm), and mucus amounts increase.

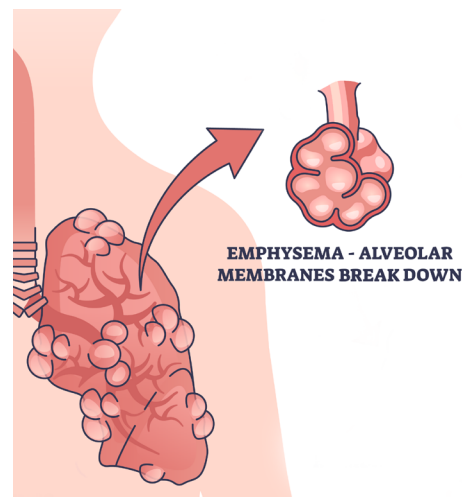
Chronic Bronchitis

These changes limit the amount of air that can be moved in and out of the lungs.



Emphysema

This occurs when alveoli get scarred or damaged, and they can't process carbon dioxide or deliver oxygen to the body.





Diagnosis and Clinical Care

Getting an early diagnosis is important because it allows you to take action to slow progression of COPD. If you notice any of the following symptoms and have any risk factors, talk with your provider about getting screened.

COPD Symptoms:

The signs can be different for each person, but common ones are:

- A cough that won't go away
- A lot of mucus (especially when you wake up)
- Shortness of breath or feeling like it's hard to breathe
- Feeling very tired or lacking energy
- Wheezing (a whistling sound when you breathe)
- Colds and other respiratory illnesses that become much worse or last longer than normal

COPD Exposure and Risk Factors

These are common risks linked to developing COPD. You can lower your chances by minimizing or avoiding these risks:

- Smoking
- Exposure to smoke (secondhand smoke)
- Workplace hazards (dusts, vapor, fumes, chemicals)
- Home exposures (heating fuels, wood stoves, dust in carpet)

Screening for COPD usually involves your provider referring you to Spirometry for lung function testing. This test measures how much air you can breathe in and out and how quickly.

If you are diagnosed with COPD, your provider will develop a treatment plan that includes a mix of medications, supporting therapies, and education about managing COPD day-to-day. You will receive a COPD Action Plan ([see example on page 9](#)) to help track your symptoms and guide your self-management steps.



Personal Goals

When you have COPD, setting personal goals can help you stay focused on activities and priorities beyond your condition. Goals also support your self-management efforts and give you something positive to work toward. Update your goals as you accomplish them or adjust them as your needs change.

What are some short-term goals you would like to work on?

What are some long-term goals you have for yourself?

What is something that you have enjoyed doing but have felt limited in because of your breathing? Ex. gardening, playing with grandkids, or another favorite activity.

What adjustments or new goals could help you keep doing the things you love, even with COPD?



COPD Action Plan

Your COPD Action Plan is a form your provider completes and reviews with you. Bring the blank form to your care team so they can help fill it out. The plan helps you track good and bad days, manage your medicines, and know what to do when symptoms change. Following your plan can help you act early and avoid an emergency room or hospital visit.

The COPD Action Plan is organized around three color zones:

● **Green: Feeling okay**

When you are in the green zone, you are likely taking medications as prescribed, staying active with daily movement and exercise, eating healthy foods, keeping up with vaccines, and avoiding things that make breathing harder, such as tobacco smoke, poor air quality, and your personal COPD triggers.

● **Yellow: Flare-up starting; worsening symptoms**

COPD can usually be managed to keep your breathing and symptoms stable. Sometimes, symptoms may get worse or suddenly become severe – this is called a *flare-up*.

Your COPD Action Plan gives you clear steps from your health care provider on what to do when this happens, including changes to your medications or activities to help you recover. When you are in the Yellow Zone, contact your health care provider to see if you need any medication changes or other support.

● **Red: Get help now**

The Red Zone means your COPD has gotten much worse and you need help right away. It is important for you to ACT NOW to get help. Follow your Action Plan by, taking your emergency medications as prescribed, and calling 911 for immediate help.

Patient Name	Birthdate	Year Plan

COPD Action Plan

Signs and Steps to Manage Your COPD
and Breathe Easier - Together

How to use this plan: Patients and health care providers should complete the COPD Action Plan together. First identify your zone and then with your provider identify actions to take according to your zone. Discuss what to do if things change, any challenges or barriers in following this plan, and the steps to take if your COPD worsens.

Know your zone – Take the right action!	Provider instructions for zone action
Green Zone: “I’m doing okay” You feel good when: <ul style="list-style-type: none"> • Breathing is normal for you • Usual cough and phlegm/mucus • Usual energy for activities and exercise • Sleep well at night • Good appetite 	What to do if you are in the green zone: <ul style="list-style-type: none"> • Take daily medicines, as prescribed: _____ • Use oxygen, CPAP, or other tools as directed: _____ • Stay active and eat well • Stick to your plan!
Yellow Zone: “Something’s Not Right” Call your provider if you have: <ul style="list-style-type: none"> • More shortness of breath than usual • More coughing or thicker phlegm/mucus • Less energy, poor sleep or appetite • Mild fever or just feel “off” • Using “rescue” inhaler more often 	What to do if you are in the yellow zone: <ul style="list-style-type: none"> • Keep taking daily medications, as prescribed: _____ • Start your “sick day” medications (ask provider if you are unsure): _____ • Rest – take it easy until you feel better • Call your provider to report worsening symptoms; discuss need for an appointment, additional medication or action (take seriously)
Yellow Zone: “Need Help Now” Call 911 or get help if: <ul style="list-style-type: none"> • Can’t breathe, even when resting • Coughing or mucus is much worse • Can’t walk or talk easily • Very tired or confused • Lips or nails turn grey or blue • Your hands, feet, or ankles are swollen • Chest pain • “Rescue” inhaler is not helping 	ACT NOW: If you are in the red zone, you may be having a COPD EMERGENCY <ul style="list-style-type: none"> • Take “emergency medications”, if available: _____ <p>CALL 911. Do NOT Wait. Get help immediately.</p> <p>A Red Zone flare-up can be life-threatening. ACT NOW!</p>

Provider Name:	I reviewed the COPD Action Plan with the patient. Provider's Signature:
Provider Address:	Date Reviewed with Patient:
Provider's Phone Number:	Notes:
FOR YOU (THE PATIENT) TO FILL OUT: Please check below, sign and date to allow family members or other caregivers to talk with your provider.	
I give permission to [name]: _____, [relationship]: _____, to communicate with my healthcare provider to help me manage my COPD.	
Patient Signature:	Date Signed:
List a person/phone # who can drive you to an emergency room or help you during a COPD flare: Name: Phone #: Name: Phone #:	Other Important Contact: Name: Email: Phone:
PROPER DEVICE USE TIP: Watch a demonstration video on using your inhaler.	VACCINATION TIP: Staying up-to-date on vaccines (RSV, flu, pneumococcal, COVID-19) adds protection for your COPD management.
COPD ACTION PLAN TIP: Place a copy on your fridge and give one to your caregivers.	GETTING HELP EARLY: Take action as soon as you enter the yellow-zone. Call your provider to report symptoms.
TRIGGERS TIP: Eliminate or avoid personal triggers to help manage symptoms. Common triggers are: pets in bedroom and on furniture, scented products, including perfumes, air fragrance sprays, wood smoke, gas fumes, extreme cold and humid conditions, tobacco smoke, secondhand smoke, and other inhaled products Visit 802Quits.org or call 1-800-QUIT NOW for free help to quit smoking or vaping.	SELF-MANAGEMENT TIP: Stabilize your COPD by knowing the following: <ul style="list-style-type: none"> • COPD Basics, signs, symptoms and progression. • Medication and device use • Triggers • Daily Management, including your treatment and COPD Action Plans and what to do in an emergency.

Learn more about COPD:

Visit the Vermont Department of Health's COPD Program:
www.healthvermont.gov/wellness/copd-chronic-obstructive-pulmonary-disease



COPD Supportive Therapies

Pulmonary Rehabilitation (Pulmonary Rehab)

Your provider may recommend Pulmonary Rehab, especially if you have unstable or worsening COPD—or a recent emergency room visit or hospitalization. Pulmonary Rehab can help stabilize COPD and increase or maintain your quality of life.

Pulmonary Rehab is a program that takes place over several weeks, working closely with a provider to help stabilize your COPD.

The first meeting usually includes:

- An assessment to see how you are doing
- A review of your medical history and medications
- Breathing tests and, if needed, imaging such as CAT scans or X-Rays
- A check of your vital signs, such as heart rate, blood pressure, breathing rate, and temperature
- Some questions to assess your quality of life
- Light supervised exercises while a provider measures the amount of oxygen in your blood
- Supplemental oxygen if needed

Your health care team will use the information to update your treatment plan to better meet your needs, create a customized pulmonary rehab plan, and discuss how to support your quality-of-life goals. The information also provides a starting point for tracking how COPD affects you over time.

Pulmonary Rehab often involves educational classes, supervised exercises, a home workout plan, and nutrition guidance. Your provider will help you set up a pulmonary rehab plan and schedule that is safe and works best for you—whether through individual or group classes, or in a home or office-based program.

Oxygen

Some people with COPD may need oxygen. Oxygen gives your body the fuel it needs to function. It is not addictive and using it will not make your condition worse.

Oxygen can be delivered in different ways: either as a pulse dose (a puff of oxygen when you breathe in) or as a continuous flow. Oxygen comes in different forms and devices. You might use a tank you can roll, a backpack unit, or a portable concentrator that ranges in size from a small suitcase to a handheld device. The type of oxygen device you receive depends on your needs. Your provider may test you walking with oxygen to decide what device and flow level are right.



Because oxygen is regulated like a medication, it is important to follow your prescription exactly. Your care team will show you how to monitor your symptoms and decide what level of oxygen you need for certain activities. Always talk to your provider before making any changes to your own oxygen dosing or routine.

Oximetry is a process of checking your oxygen levels often through a device that clips on your finger and shows your oxygen level.

If you and your provider have set oxygen goals, use this space to track them:

- My oxygen goal at rest? _____
- My oxygen goal during activity? _____

If you have an oximeter, practice recording your oximeter readings:

- What is your reading after sitting quietly for a few minutes?

- What is your reading after light activity, such as walking to the mailbox?

Ventilatory Support - Non-invasive Ventilation (NIV)

Your provider may prescribe a machine if you struggle with breathing at night or during naps. These machines are similar to those used for sleep apnea. They push air into your lungs to help them work more efficiently, remove carbon dioxide, and keep oxygen in your lungs for a little longer than a normal breath.

These machines use a mask that fits snugly on your face. If the mask is uncomfortable, talk with your respiratory therapist or home care company. There are many brands, types, and sizes of masks. It's okay to try different options until you find the one that works best for you.

Your care team may call this a ventilator. While that is technically correct, it is not the same as the full life-support machines used if the heart and lungs stop working.

Imaging

Your provider may order imaging tests to get a closer look at your lungs and the surrounding tissue.

A **chest X-Ray** takes a picture of your lungs and the surrounding bones and tissue. It looks for infections or other injuries. This is a simple test, usually easy to schedule, and does not require special preparation.

A **CAT scan** is a more detailed test that takes hundreds of thin-slice pictures of your chest. These images give your provider a clearer view of your lung tissue and surrounding structures.

If you have a history of smoking, check with your provider to see if you qualify for a lung cancer screening, which involves a CAT scan.



COPD Self-Management Techniques

Medications and Devices

There are two main types of medications for COPD:

Maintenance (or controller) medications are taken at the same time every day and help to keep your respiratory symptoms under control. They work by reducing inflammation, relaxing the muscles around the airways, and decreasing the buildup of mucus. Keep taking these medications as prescribed, even if you feel well.

Rescue (or emergency) medications are taken only when needed—like if you’re having shortness of breath or before an activity that might make you breathless (like exercise). These medications work by relaxing the muscles that wrap around your airways.

Always follow your treatment plan, prescriptions, and COPD Action Plan to know the doses and timing of your medications.

What are your Maintenance Medications?

What are your Rescue or “Emergency” Medications?



Inhalers

Inhaler devices (sometimes called puffers) deliver COPD medicine directly into your lungs. There are several types of inhalers, and each works a little differently.

One common type works by opening the cap and quickly inhaling, or puffing in the medication. Before using it, you may need to shake the inhaler for about five seconds to mix the medicine.

The first time you use a new inhaler you may need to “prime” it by pressing it once or twice—check the instructions that come with your device. Many inhalers have a counter on the back or top that shows how many doses are left. Once you reach zero the medicine is gone and no longer useful, even if you can still press the button.

Spacer with Inhaler

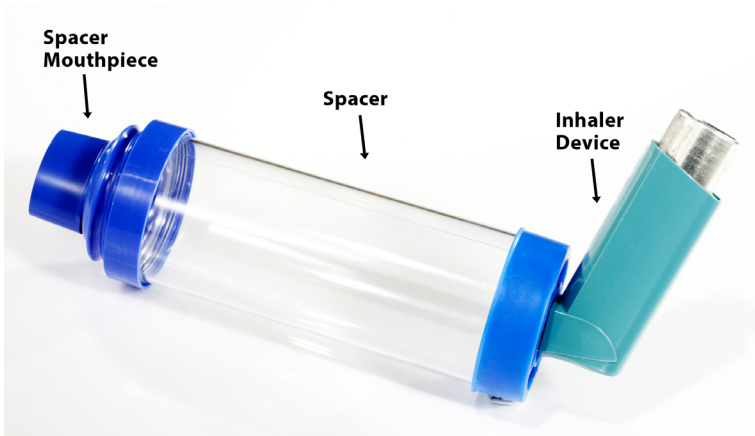
You may be instructed to use a spacer with your inhaler. A spacer is a plastic tube that attaches to the inhaler and helps you breathe in the medicine more easily. With a spacer, you breathe in the medicine more slowly and deeply, so more of it reaches your lungs instead of staying in your mouth or throat.

How to Use a Spacer

1. Shake your inhaler.
2. Insert the inhaler mouthpiece into the spacer.
3. Breathe out to empty your lungs.
4. Place the spacer mouthpiece in your mouth.
5. Press the inhaler and take a slow, steady breath in.
6. Hold your breath for about 10 seconds, if you can.
7. Exhale slowly.

Some spacers whistle if you are breathing in too fast or hard—so slow your inhale down when breathing in. If you are prescribed more than one puff, repeat the steps for each dose.

Cleaning: If your spacer looks cloudy, clean it by removing the rubber end and washing the parts with a mild dish detergent and water. Rinse well and let it air dry.



Spacer with Inhaler Device

Some inhalers are breath-activated, meaning the medication is released when you take a strong breath in. These often deliver medication in a dry powder form when the cap is opened or the device is twisted. In some cases, COPD medications are prescribed in pill form.

Always take medications exactly as directed—whether inhaled or orally—and follow your provider’s instructions about timing, food, and dosage. The following page has some other types of devices you might be prescribed.

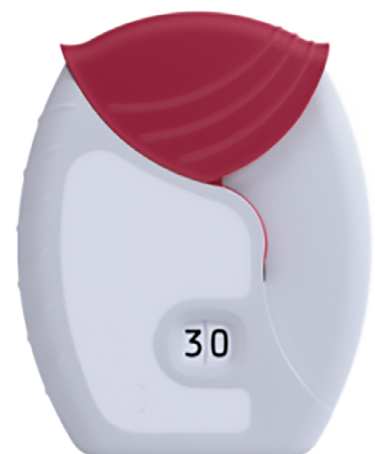
Ellipta

Ellipta is a commonly prescribed medication for COPD. Each time you flip the top open, the device is activated and the dose counter moves to the next number.

How to Use Ellipta

1. Hold the inhaler upright, with the ridges above the dose counter pointing upward.
2. Open the top to prepare your dose.
3. Exhale fully, away from the inhaler.
4. Place the mouthpiece in your mouth and take a strong, deep breath in.
5. Hold your breath for about 10 seconds, if possible.
6. Exhale slowly.
7. Close the lid until your next dose.

Storage: Keep your Ellipta inhaler in a dry place.





Nebulizer

Nebulizers may be especially helpful if you have trouble taking a quick breath in or holding your breath for 10 seconds. This device turns liquid medicine into a fine mist that you breathe in through a mouthpiece or mask. Some of these devices might be available online at a reasonable price without a prescription.

How to Use Nebulizer

1. Place the prescribed medicine into the nebulizer's medicine cup.
2. Attach the cup to the machine and turn it on.
3. Breathe in and out slowly through the mouthpiece or mask.
4. Continue until the mist stops.

Pills

Some COPD medicines come in pill form. Take them exactly as prescribed, at the same time each day. Follow your provider's instructions about whether to take them with food or on an empty stomach.





Home Exercise or Workout Plan

Along with supervised exercises, your provider will likely recommend a home exercise workout plan. Many plans aim for about 30 minutes of activity per day, which can be completed in one session or broken into shorter sessions.

Tips for getting started:

- Begin with an easy exercise, like walking to the mailbox or to the end of the driveway.
- Over time, as activities become easier, add a little more time or distance.
- Take breaks when needed, but keep them short so your body stays active.

Regular exercise builds strength—including your breathing muscles—and can help prevent illness. It also often makes daily activities feel easier and helps you get stronger overall.

Do you currently exercise?

- ☐ Yes
- ☐ No

If not, what are some of the biggest reasons or barriers to exercising?

What are some exercises that you enjoy and can do safely at your home?

Breathing Exercises

You can try these breathing exercises to help you strengthen your lungs and make it easier to breathe.

Stomach Breathing

1. Start by lying down.
2. Place one hand on your stomach.
3. As you breathe in, focus on pushing your stomach outward so your hand rises.

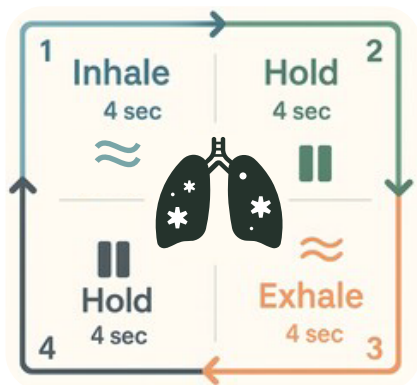
This exercise helps you use your diaphragm, the main muscle for breathing.

Pursed Lipped (or Candle) Breathing

Think of blowing out a candle with this exercise.

1. Breathe in slowly through your nose.
2. Breathe out gently through pursed lips, as if blowing out a candle.

This exercise helps you stay less winded during activity and keeps oxygen in your lungs longer.



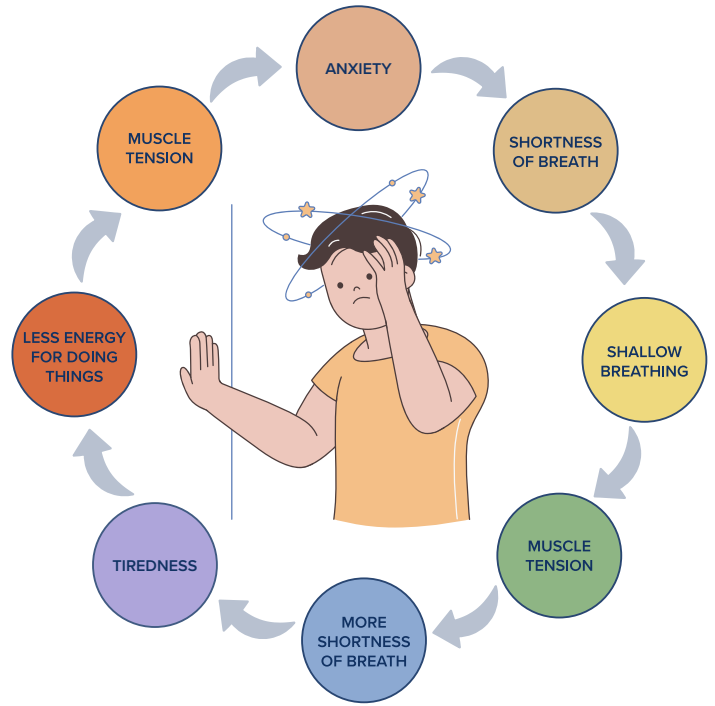
Box Breathing

1. Inhale slowly while counting to 3 or 4.
2. Hold your breath for 3–4 counts.
3. Exhale for 3–4 counts.
4. Hold your lungs empty for 3–4 counts.
5. Repeat the cycle.



Stress Management

Stress can make COPD symptoms feel much worse. Anxiety may sometimes feel like shortness of breath, so learning to manage stress can help you tell the difference between anxiety and COPD symptoms. Relaxation techniques—such as breathing exercises, meditation, or talking with a therapist—can reduce stress and improve your overall well-being.



My Stress Support Plan

Who is someone that you can call to help support your stress or anxiety?

Name: _____ Support Role: _____ Phone #: _____

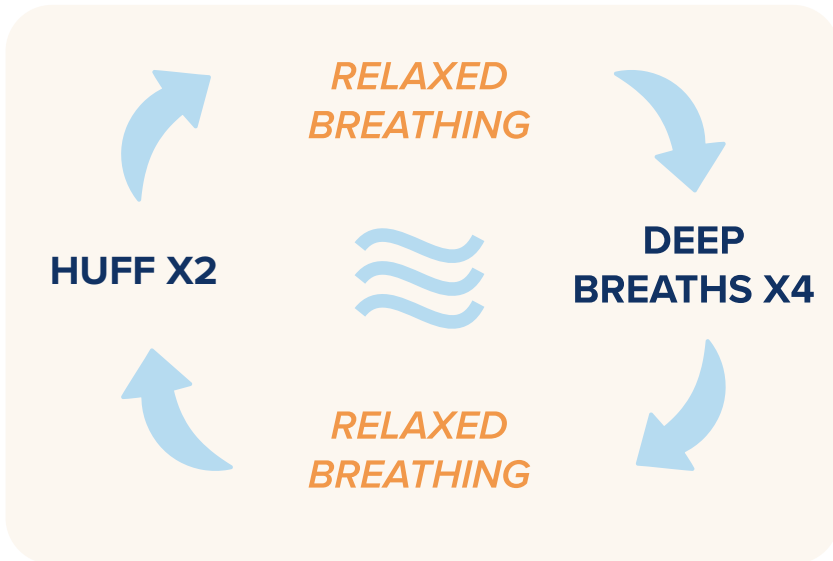
Name: _____ Support Role: _____ Phone #: _____

What are some things you like to do to reduce stress? (for example: drawing, writing, coloring, listening to music):

If you need immediate mental health support, please call 988 or 911.

Coughing Techniques

There are a few tools to help you cough up the mucus in your lungs.



Huff Coughing

Huff coughing can help loosen and clear mucus from your lungs.

How to practice huff coughing:

1. Sit in a chair with your feet flat on the ground.
2. Place one hand on your stomach. As you breathe in, your hand should move outward—this means you are breathing deeply into your belly.
3. Take four relaxed breaths, inhaling through your nose. Hold each breath for about three seconds, then exhale through pursed lips.
4. Take a few gentle recovery breaths.
5. Next, take a deep breath into your belly and exhale through an open mouth with a strong, long “huff.”
6. If you feel mucus move closer to your throat, cough to clear it. If not, repeat the breathing cycle until it is easier to bring up.



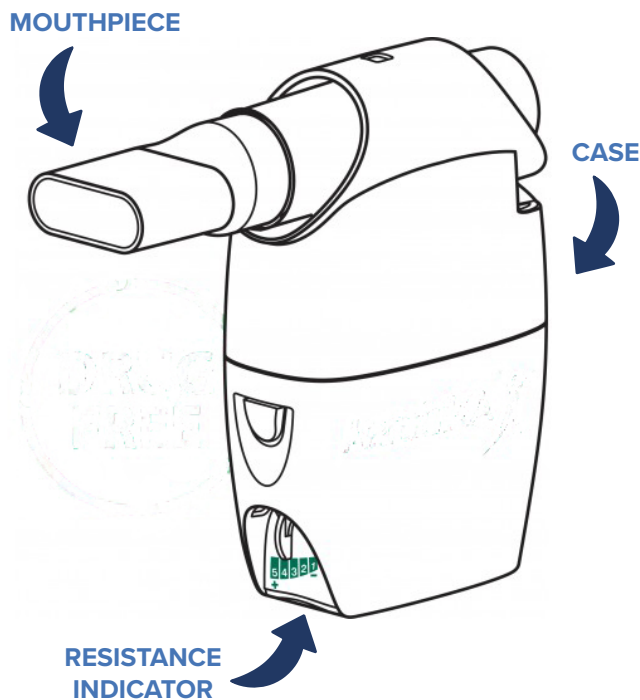
Aerobika and Acapella

Some devices, such as Aerobika and Acapella, make it easier to clear mucus from your lungs. When you blow into the device, it creates vibrations and gentle pressure inside your airways. This helps to loosen mucus from the airway walls and move it toward your throat, where it can be coughed out more easily.

These devices can be adjusted to different resistance levels. If the setting is too low, they may not work well; if it's too high, they can feel uncomfortable. Your provider or respiratory therapist will help you find the right setting.

Aerobika

Example of a patented product manufactured by Managhan Medical Products.



Acapella

Example of a patented product manufactured by Smiths Medical devices.

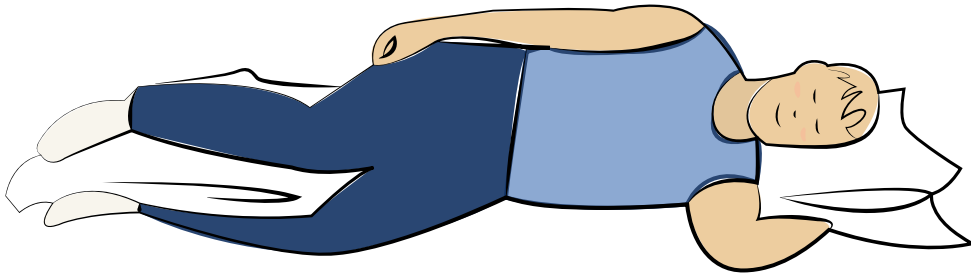


Sleep

Sleep Positions

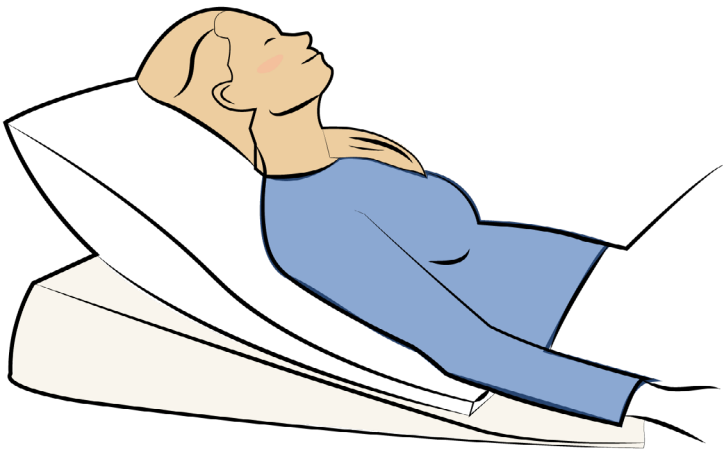
Certain sleep positions may make breathing easier:

- Lying on your side with a pillow under your head and another between your knees
- Folding a pillow in half to create a wedge that elevates your head when lying on your side
- Using a wedge-shaped pillow when lying on your back to keep your head and chest elevated



Hospital Bed

If you have COPD, your insurance may cover the cost of a hospital bed. While this may feel like a big step, improved sleep can make a positive difference in many areas of your life.



Sleep Disruptions








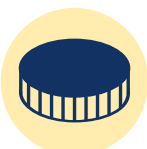


If you snore or if your bed partner has noticed you snoring or stopping breathing in your sleep, talk with your provider. You may need testing and treatment. Addressing sleep problems can help you feel more rested and improve your overall health.



Nutrition

Eating a balanced diet supports your overall health and helps you manage COPD. Talk with your provider about your weight goals and adjust your nutrition plan as needed. Pay attention to portion sizes to avoid overeating.

A Visual Guide to Portion Sizes: Healthy Eating Made Easy

Food Item	Portion Size	
Nut Spreads (i.e. peanut butter or almond butter).		 The size of the thumb (1 tbsp).
Raw or cooked vegetables.		 Average-sized fist (1 cup).
Meat (chicken, beef, pork and/or fish, etc).		 The size of a deck of playing cards (3 ounces).
Cooked pasta, rice and/or grains.		 The size of a hockey puck (1/2 cup).
Oils or other fats.		 The size of the tip of the pointer finger (1 tsp).








Healthy Eating Tools

The U.S. Department of Agriculture’s MyPlate program provides daily serving recommendations, meal planning guides, grocery tips, and healthy recipes. Visit [MyPlate.gov](https://www.mypyplate.gov) for ideas. Your provider may also recommend meeting with a nutritionist.

Keeping a simple food diary can help you track what you eat and make sure you’re getting the nutrients your body needs.

Food Group Amounts for 2,000
Calories a Day for Ages 14+ Years

Food Group	Amounts
Fruits 	2 CUPS Focus on whole fruits that are fresh, frozen, canned or dried.
Vegetables 	2 1/2 CUPS Choose a variety of colorful fresh, frozen, and canned vegetables—make sure to include dark green, red, and orange choices.
Grains 	6 OUNCES Find whole-grain foods by reading the Nutrition Facts label and ingredients list.
Protein 	5 1/2 OUNCES Mix up your protein foods to include seafood; beans, peas, and lentils; unsalted nuts and seeds; soy products; eggs and lean meats and poultry.
Dairy 	3 CUPS Look for ways to include dairy or fortified soy alternatives at meals and snacks throughout the day.



LIMIT

Choose food and beverages with less added sugars, saturated fat, and sodium.

- Added sugars to **less than 50 grams** a day
- Saturated fat to **less than 22 grams** a day
- Sodium to **less than 2,300 milligrams** a day



BE ACTIVE YOUR WAY

Children 6 to 17 years old should move 60 minutes every day. Adults should be physically active at least 2 1/2 hours per week.



Smoking Cessation

If you smoke, chew tobacco, or vape, quitting is one of the most important steps you can take to slow the progression of COPD. Your provider can prescribe therapies to help you quit, many of which are free. There are also several resources available to support you.

- **802Quits:** Offers Vermont-based peer coaching, online tools, and resources to help you quit. Visit 802quits.org.
- **Quitline:** Call **1-800-QUIT-NOW (1-800-784-8669)** for free support.
- **Text Support:** Text **START** to **300500** if you prefer not to talk on the phone.

Benefits of Quitting Smoking

1. Within 24 hours: Your risk of heart attack begins to decrease.
2. Within 2–12 weeks: Circulation improves, lung function can increase by up to 30% and walking becomes easier.
3. Within 5 years: Your risk of dying from lung cancer is cut in half.

Vaccinations

Vaccines can help prevent illness or reduce how severe it becomes. Talk to your provider about which vaccines are best for you and when you should get them.

Staying up-to-date on these vaccines adds important protection to your health and COPD management:

- Flu (influenza)
- Respiratory syncytial virus (RSV)
- Pneumococcal (pneumonia)
- COVID-19

If you are planning to travel, talk to your provider about which vaccines you should have before you go.



Advanced COPD – Planning Ahead

COPD does not always progress in a straight line, and it affects everyone differently. You may move through different stages at different times. The main goals are to manage your symptoms, improve your quality of life, and make healthy choices to prevent or slow further lung damage.

Palliative Care, Hospice and Home Health Services

Palliative care focuses on relieving the symptoms and stress of a serious illness, and may be recommended at any stage of COPD. The goal is to keep you as comfortable as possible while supporting your quality of life.

For some people, this may include a low dose of morphine. This does not mean you are at the end of life. In COPD, morphine can ease breathlessness and make it easier to participate in daily activities.

Hospice care is like palliative care, but it specifically focuses on caring for people who are nearing the end of their life. It is often provided by the same agencies that offer home health nursing services. Hospice begins when a person chooses to stop active treatment and focus on comfort and support in the final stages of life.

Home Health Services may be helpful if you qualify for physical therapy, medication set-up, help with bathing and grooming, and sometimes light housework and meal preparation. These services can help you stay safe and supported at home.



Advance Directives

If you haven't already, talk with your loved ones and care team about the kind of care you want at the end of life.

- An **Advance Directive** is an official document that tells your health care providers your wishes.
- You can also complete a **Durable Power of Attorney for Health Care**, which names someone you trust to make medical decisions if you are no longer able.

In these documents, you can outline whether you want treatments such as:

- Life support (ventilator)
- Cardiopulmonary resuscitation (CPR/chest compressions)
- Feeding tube
- Antibiotics or other medical treatment

It is best to complete these documents while you are clear-minded and able to ask questions. Your care team and family can help guide the process.

Your health care team can help you complete and register these forms so they are available wherever you receive care. Writing down your wishes early ensures your care team and family know what you want, even if you can't speak for yourself. Share a copy with a trusted family member or keep it in a safe but accessible place.

Person to notify in case of an emergency:

Person who can make medical decisions for me:

Location of my written advance care instructions:



Checklists and Important Information

What to take with you to the hospital

- ☐ CPAP or BiPAP machine
- ☐ Medications or a list of medications
- ☐ The phone number of someone you want to know that you are in the hospital
- ☐ Cell Phone and charger
- ☐ Advance Directive information

Who to call for an emergency

- ☐ Primary Care Dr: _____ Phone Number: _____
- ☐ Lung Dr: _____ Phone Number: _____
- ☐ Emergency Contact: _____ Phone Number: _____
- ☐ 9-1-1

Checklist for your next provider’s appointment

- ☐ What should my oxygen levels be: _____
- ☐ Can I have an emergency prescription for when I get sick?
 - ☐ Name of Medication and dose: _____
 - ☐ Name of Medication and dose: _____
- ☐ Results of last lung function tests: _____
- ☐ Fill out COPD action plan
- ☐ Discuss Pulmonary Rehab
- ☐ Discuss Vaccinations
- ☐ Review diet and exercise recommendations
- ☐ Ask about help with advanced directives if needed

Quality of Life Checklist

- ☐ I take my medications
- ☐ I can get dressed without much trouble breathing
- ☐ I can go for a short walk
- ☐ I can eat small nutritious meals
- ☐ I can take care of most of my household chores
- ☐ I can sleep well at night



Resources

802quits.org

[AirNow.gov](https://airnow.gov)

lung.org

myhealthyvt.org

vtfoodbank.org

myplate.gov

[Healthvermont.gov/copd](https://healthvermont.gov/copd)

[Healthvermont.gov/tobacco](https://healthvermont.gov/tobacco)