



Barrie and Community

Family Health Team

PULMONARY REHABILITATION IN PRIMARY CARE

**BARRIE COMMUNITY FAMILY HEALTH TEAM
AFHTO CONFERENCE OCTOBER 2013**





Conflict of Interest

- ✓ **None- personally**
- ✓ **Boehringer – Unrestricted Grant**



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AN OVERVIEW- WHO ARE WE

- 126 000 Rostered FHT patients
- 80 Family FP's and 38 sites
- 3 Specialists (2 Respirologists and FP Lung Health Specialist)
- 18 Nurse Practitioners
- >40 Allied Health
- 2.5 RN/RRT- CRE Educators
- U of T Medical School

Family Medicine Residency Program





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Inception???

Why do we need a Pulmonary Rehabilitation Program in Primary Care???



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NEEDS ASSESSMENT

- ✓ Gaps in Lung Health Programs
- ✓ Identify Patient and Provider needs



ENVIRONMENTAL SCAN

What do we have in the Barrie area in terms of lung health programs:

where, referral, wait times

Asthma Clinic

COPD Clinic

Pulmonary Rehab

Smoking Cessation



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LET'S GET STARTED!



- ✓ Established in September 2010
- ✓ Funding received from Boehringer
- ✓ Environmental Scan- Site visits
- ✓ Purchase of Equipment/ Patient Handbooks (Living Well with COPD)
- ✓ Development of team (CRE 1:2-3pts, Certified Personal Trainer and allied health)
- ✓ Location, Location, Location
- ✓ Development of Education session congruent with – “Living Well with COPD” modules



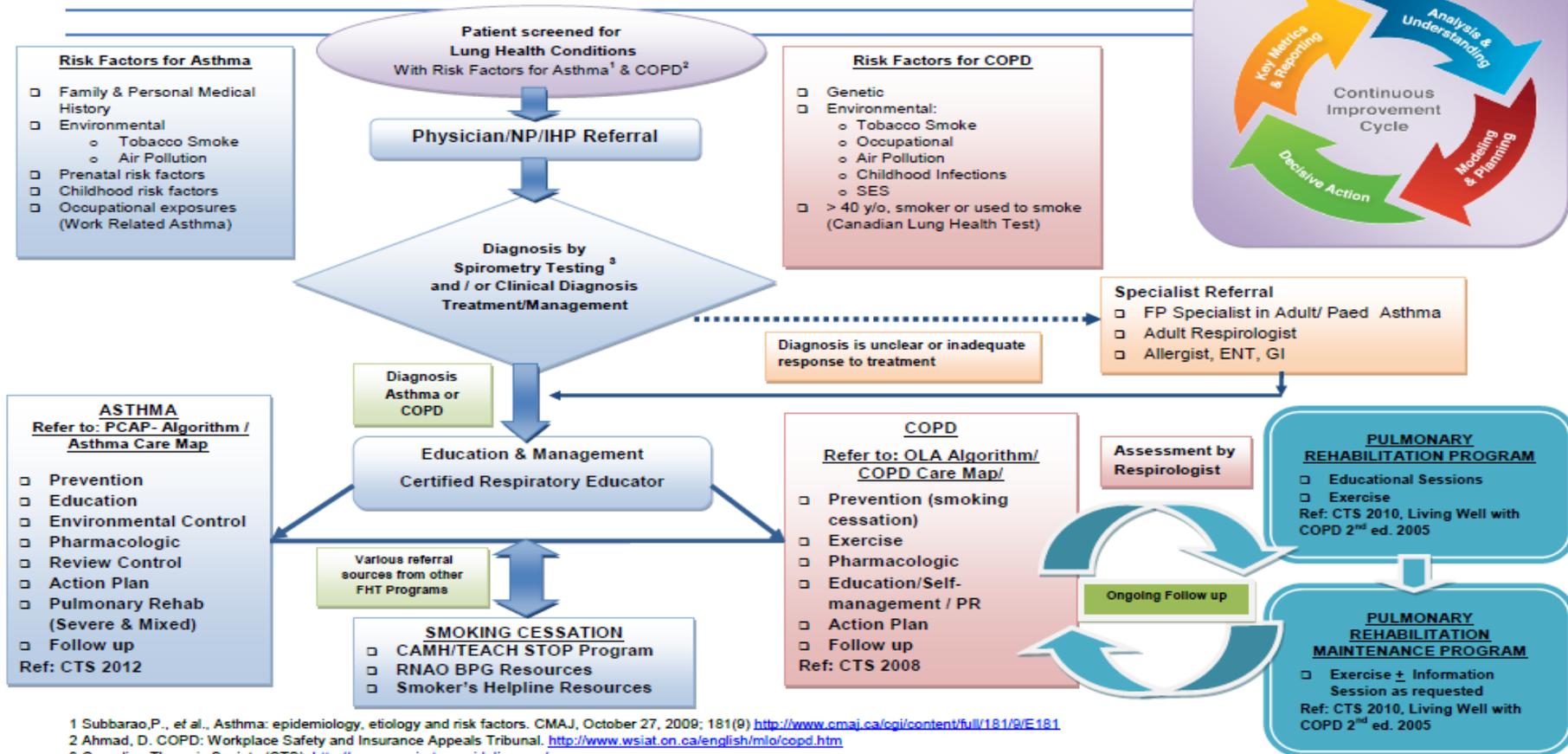
THE PATIENT FLOW

- Originally – physician referral, currently – referral from IHP accepted
- Utilizing **BODE Index**
 - BMI
 - Severity of Obstruction: baseline spirometry
 - Degree of Dyspnea – MRC scale
 - Exercise Capacity- 6 MWD
- PR Assessment by respirologist- other co-morbidities reviewed and appropriateness of patient for the program
- Initially for COPD, and severe asthma, now includes IPF



Patient Flow

LUNG HEALTH PROGRAM



1 Subbarao, P., et al., Asthma: epidemiology, etiology and risk factors. CMAJ, October 27, 2009; 181(9) <http://www.cmaj.ca/cgi/content/full/181/9/E181>

2 Ahmad, D. COPD: Workplace Safety and Insurance Appeals Tribunal. <http://www.wsiat.on.ca/english/mlo/copd.htm>

3 Canadian Thoracic Society (CTS): <http://www.respiratoryguidelines.ca/>

4 Ministry of Health Promotion and Sport: <http://www.mhp.gov.on.ca/en/resources/default.asp>

Adapted from the Primary Care Asthma Program – Lung Health Primary Care Model- 2012



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EVALUATION

PRE PROGRAM

- ✓ 6 minute walk
- ✓ SGRQ
- ✓ Par Q test
- ✓ CAT score test

POST PROGRAM

- ✓ 6 minute walk
- ✓ St. George Questionnaire
- ✓ CAT score
- ✓ Program Evaluations
- ✓ IHP Evaluations
- ✓ F/U 6 Weeks, 3, 6mos and 1 year



Development

Knowledge Translation:

Literature search & review

Guidelines – to practice

Site Visits

Identify Patient and Provider Needs

Resources: feasibility and sustainability

Goal – Ideal versus realistic



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Implementation

Promotion

Capacity

Location

Resources – sustainability



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Program Promotion

Process:

- materials
- key stakeholders identified
- resources – HR required



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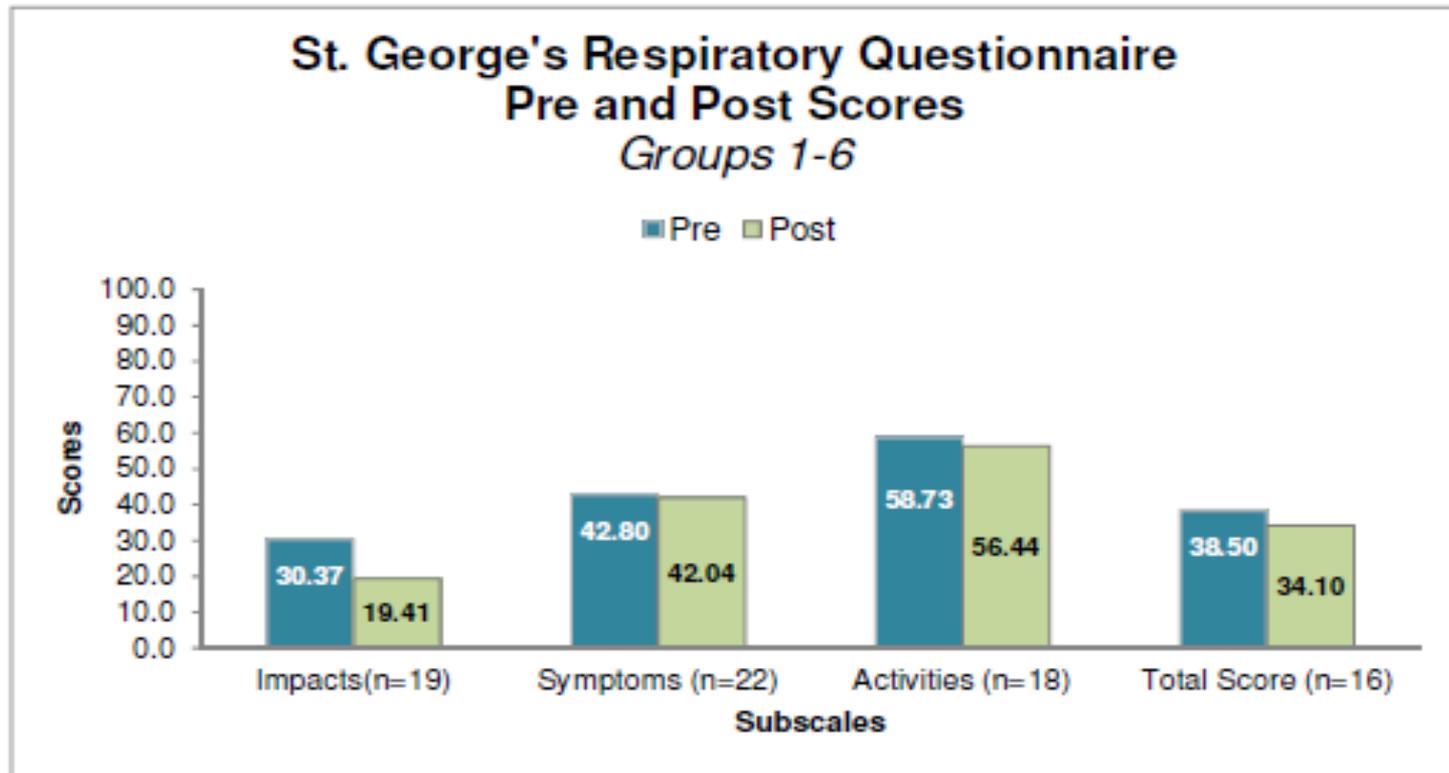
Evaluation

Patient outcomes – tools

Program evaluation – tools

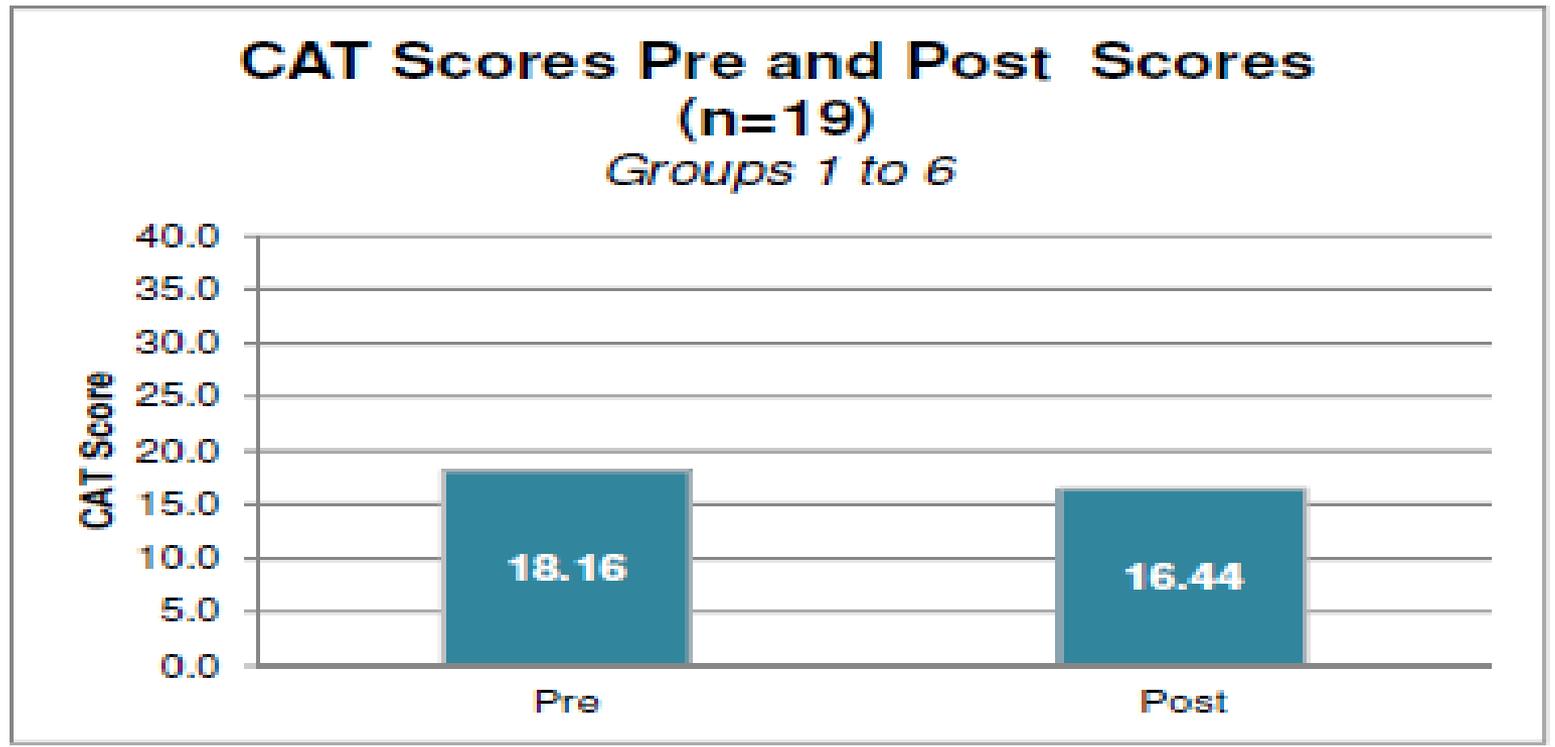


OUTCOMES



St. George's Respiratory Questionnaire

Patients entering the group had highest scores in the areas of symptoms and activities (limited by breathlessness). The most considerable decline in scores appeared on the impact scale from 30.37 (pre group) to 19.41 (post group). This indicates that the Pulmonary Rehabilitation program helped patients to deal with the social and psychological challenges of their disease.

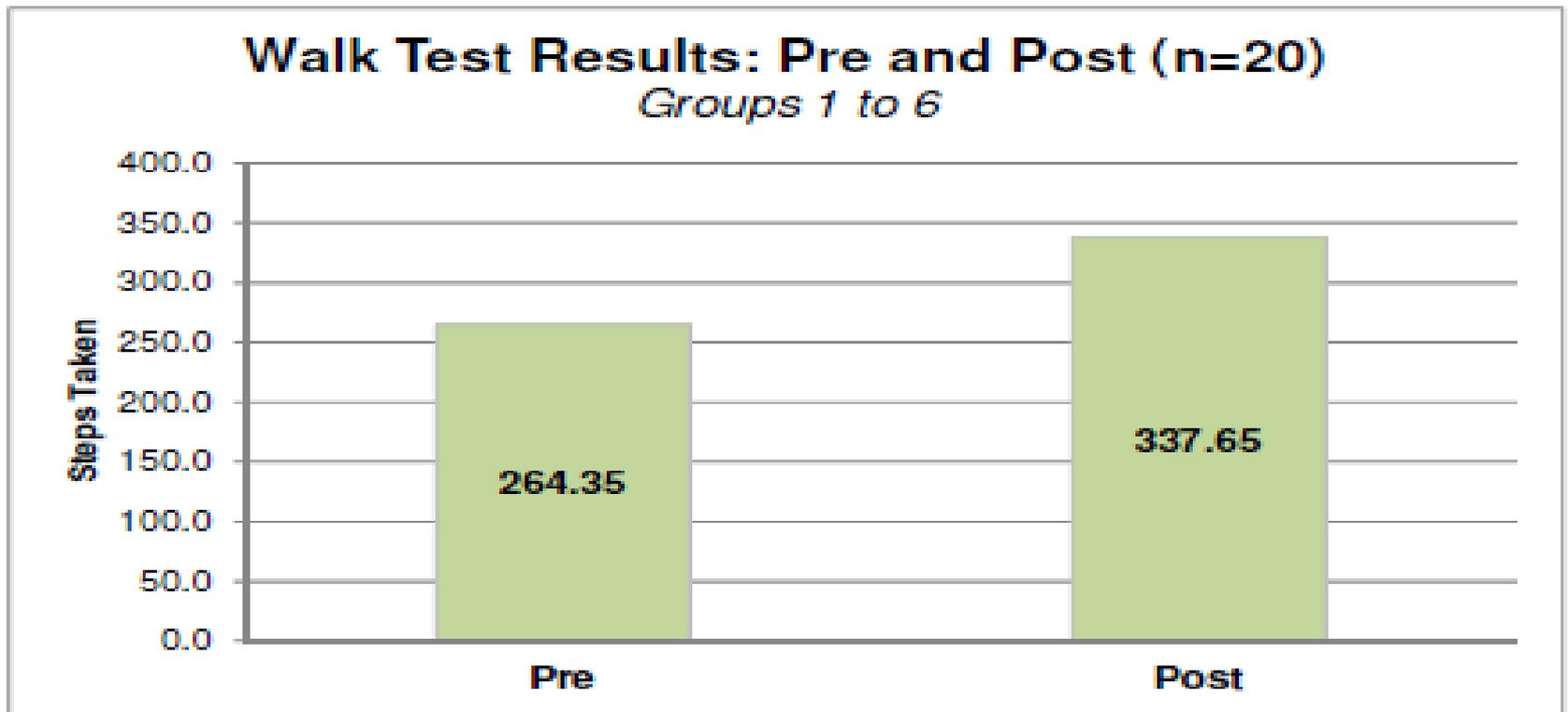


COPD Assessment Tool (CAT)

Patients entered the pulmonary rehabilitation program with scores in the medium impact level which indicates that COPD is one of the most important problems they have, and are breathless on most days. Those with both pre and post data (n=19) had slightly lowered scores, but remained at medium impact*.



OUTCOMES

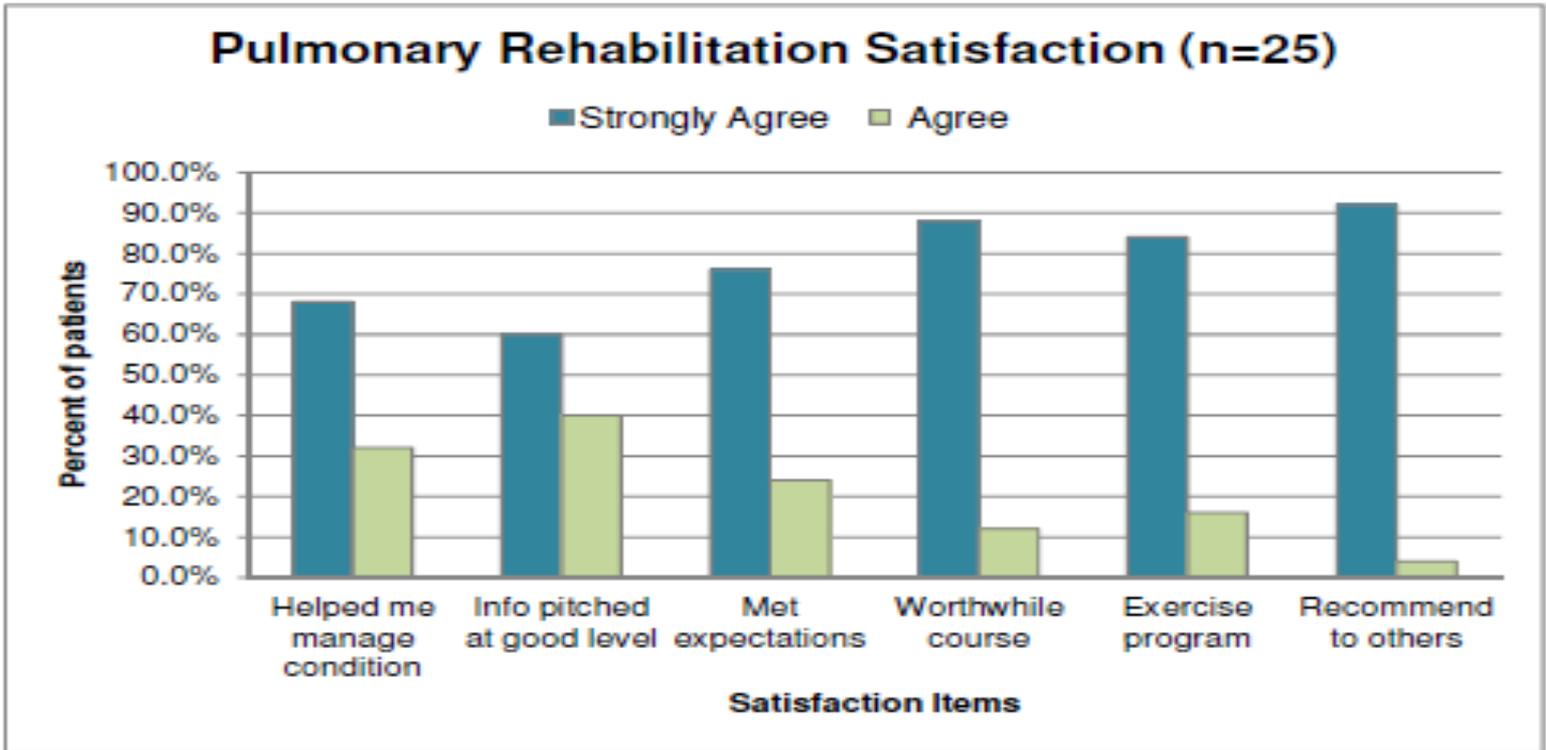


Walk Test

Patients took part in a walk test at the beginning of the program, and again after it ended. Various measurements including number of steps taken are measured at this time. The average steps of those with both pre and post data indicate patients were able to walk an average of 73 steps further after completing the program.



PATIENT SURVEY



Patient Satisfaction Questionnaire

Patients rated the program very well, with all who completed the questionnaire (n=25) agreeing or strongly agreeing with various satisfaction items (see figure 4). The patients felt as though the program helped manage their condition, that the information was understandable/worthwhile, met their expectations and they enjoyed the exercise program as well. 100.0% of patients said they would recommend this program to others with a lung disease.



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Continuous Quality Improvement

- ✓ How can we improve ????
- ✓ What needs to be improved????
- ✓ Why do we need to improve???



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Our Program

Patient Criteria

Patient Flow

Team members

Sessions

Educational

Exercise



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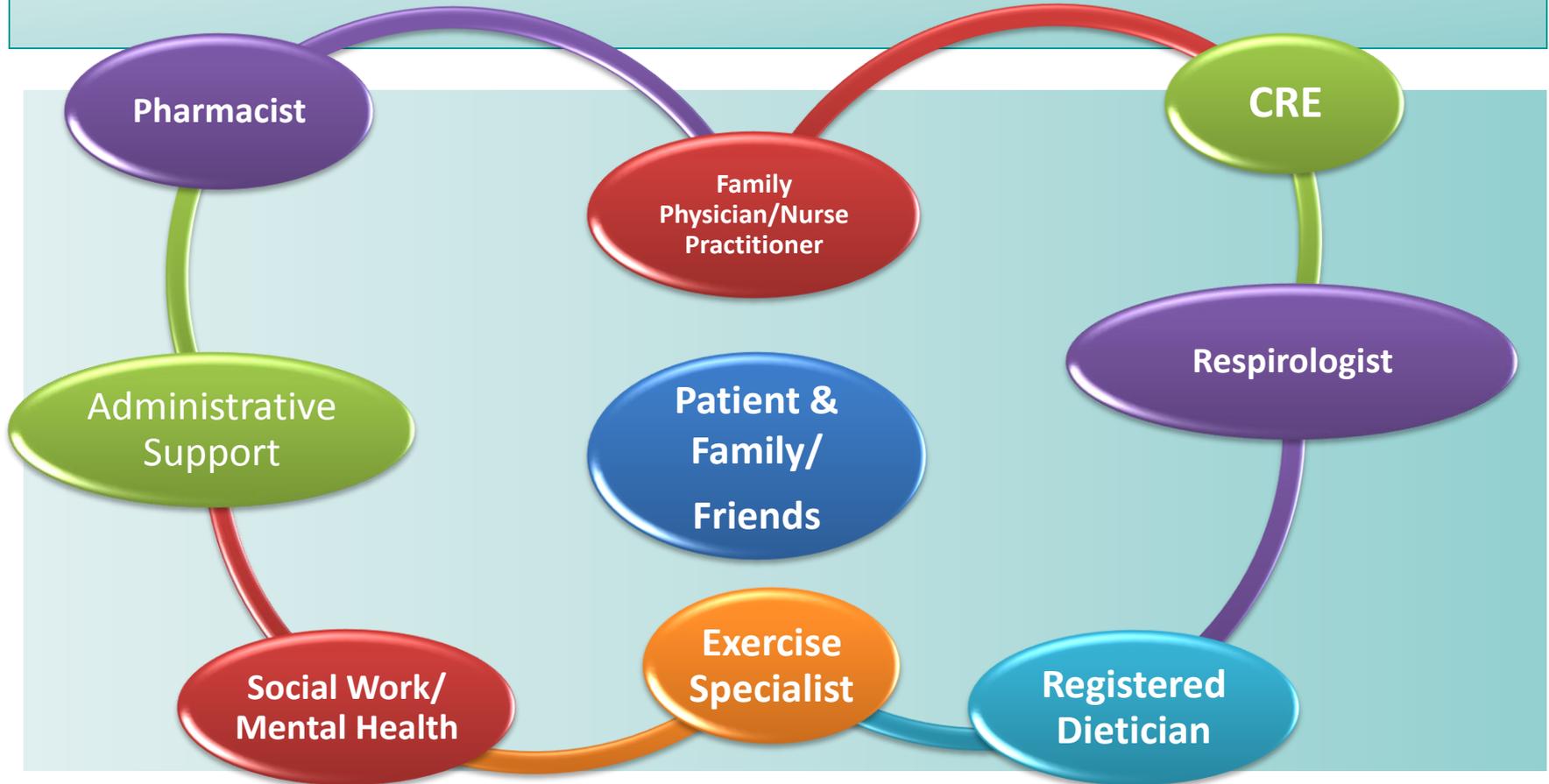
Patient Criteria

ATS Guidelines:

The components of a rehabilitation programme are individualised based on a thorough assessment of the patient, not limited to lung function testing. This assessment must address distressing symptoms, functional limitation, emotional disturbance, knowledge of the disease, cognitive and psychosocial functioning, and nutritional assessment. Furthermore, this assessment must be an ongoing process during the whole rehabilitation process.



Team Members - Collaboration





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Educational Session



MONDAY
4:30-6:30

THURSDAY
4:30-6:30

WEEK 1	April 1 st Introduction to PR Program Pre Assessment: Walk Test & Questionnaires	April 4 th Exercise and Breathing Management Exercise
WEEK 2	April 8 th What is COPD? Exercise	April 11 th Medication Exercise
WEEK 3	April 15 th Action Plans Exercise	April 18 th Energy Management Exercise
WEEK 4	April Stress and Anxiety Exercise	April 25 th Healthy Living & Environmental Factor Exercise
WEEK 5	April 29 th ** 3pm- 5pm Class Nutrition Exercise	May 2 nd Sleep Hygiene Exercise
WEEK 6	May 6 th O2 and Advance Directives Exercise	May 9 th Tour of YMCA Chair Yoga-Exercise
WEEK 7	May 13 th Develop Fitness Program Exercise	May 16 th Post Evaluation and Assessment Exercise



CONGRATULATIONS!



**You have completed the first step to the
beginning of your healthy lifestyle**



Exercise Component



PULMONARY REHABILITATION SCHEDULE

Schedule	TIME (2Hour)	Sessions
1:00pm- 1:55pm	55 min	Educational- Topics & Time will vary
1:55pm- 2:00pm	5 min	Pre- Exercise Meds- Get equipment ready
2:00pm- 2:30pm Warm Up & Cardio	5-10 min	Warm up exercises: (HR Check) 6 Main Joints (Shoulders, Elbows, Wrists, Hips, Knees, Ankles) 8 Muscle Groups (Upper/Lower Back, Chests, Abdominals, Gluts , Quads, Hamstrings, Calves)
	10- 20mins:	Cardio: (HR, Sat, RPE: Check) Cardio exercises are very important; this helps you build stamina. This means over time, you will feel less breathless during an exercise and you will be able to do it longer.
	5-10 min	Cardio Cool Down & Break if needed- take puffers (HR Check)
2:30pm-2:45 pm Muscle & Strengthening	15-20 min	Muscle & Strengthening: USING Bands / Weights: 8 Muscle Groups (Upper/Lower Back, Chests, Abdominals, Gluts, Quads, Hamstrings, Calves) These exercises will keep your muscles toned to help with your daily activities and be more independent.
2:45-3:00pm Balance, Coordination, Relaxation and Flexibility Exercise	5 min	Balance & Coordination: maybe incorporated throughout
	5 min	Balance & Relaxation: Chair Yoga Yoga benefits every part of your body inside and out, not to mention the calming affect it has on your mind.
	5 min	Flexibility exercises: some stretching to promote flexibility and relaxation. (HR Check)
	5 min	Log Activities- build progression every 2 weeks

Canadian Physical Activity Guidelines

FOR ADULTS 18–64 YEARS

Guidelines

 To achieve health benefits, adults aged 18–64 years should accumulate at least 150 minutes of moderate- to vigorous-intensity aerobic physical activity per week, in bouts of 10 minutes or more.

 It is also beneficial to add muscle and bone strengthening activities using major muscle groups, at least 2 days per week.

 More physical activity provides greater health benefits.

Let's talk intensity!

Moderate-intensity physical activities will cause adults to sweat a little and to breathe harder. Activities like:

- Brisk walking
- Bike riding

Vigorous-intensity physical activities will cause adults to sweat and be 'out of breath'. Activities like:

- Jogging
- Cross-country skiing

Being active for at least 150 minutes per week can help reduce the risk of:

- Premature death
- Heart disease
- Stroke
- High blood pressure
- Certain types of cancer
- Type 2 diabetes
- Osteoporosis
- Overweight and obesity

And can lead to improved:

- Fitness
- Strength
- Mental health (morale and self-esteem)

Pick a time. Pick a place. Make a plan and move more!

- Join a weekday community running or walking group.
- Go for a brisk walk around the block after dinner.
- Take a dance class after work.
- Bike or walk to work every day.
- Rake the lawn, and then offer to do the same for a neighbour.
- Train for and participate in a run or walk for charity!
- Take up a favourite sport again or try a new sport.
- Be active with the family on the weekend!

Now is the time. Walk, run, or wheel, and embrace life.

Canadian Physical Activity Guidelines

FOR OLDER ADULTS 65 YEARS AND OLDER

Guidelines



To achieve health benefits, and improve functional abilities, adults aged 65 years and older should accumulate at least 150 minutes of moderate- to vigorous-intensity aerobic physical activity per week, in bouts of 10 minutes or more.



It is also beneficial to add muscle and bone strengthening activities using major muscle groups, at least 2 days per week.



Those with poor mobility should perform physical activities to enhance balance and prevent falls.



More physical activity provides greater health benefits.

Let's talk intensity!

Moderate-intensity physical activities will cause older adults to sweat a little and to breathe harder. Activities like:

- Brisk walking
- Bicycling

Vigorous-intensity physical activities will cause older adults to sweat and be 'out of breath'. Activities like:

- Cross-country skiing
- Swimming

Being active for at least 150 minutes per week can help reduce the risk of:

- Chronic disease (such as high blood pressure and heart disease) and,
- Premature death

And also help to:

- Maintain functional independence
- Maintain mobility
- Improve fitness
- Improve or maintain body weight
- Maintain bone health and,
- Maintain mental health and feel better

Pick a time. Pick a place. Make a plan and move more!

- Join a community urban poling or mall walking group.
- Go for a brisk walk around the block after lunch.
- Take a dance class in the afternoon.
- Train for and participate in a run or walk for charity!
- Take up a favourite sport again.
- Be active with the family! Plan to have "active reunions".
- Go for a nature hike on the weekend.
- Take the dog for a walk after dinner.

Now is the time. Walk, run, or wheel, and embrace life.



Canadian Guidelines

- For Adults 65 years and older:
 - To achieve health benefits and improve functional abilities:
 - Accumulate at least 150 minutes/wk of moderate to vigorous intensity Cardio (30mins/day/5 days/wk)
 - In bouts of 10 minutes
 - Moderate intensity = 4-6 of perceived Exertion
 - Muscle and bone strengthening using 8 major muscles: 2-3 days/wk
 - Flexibility & Balance & Coordination: everyday
 - This is in addition to the ADL



FITT

□ **Frequency:** sessions per week

- Cardio: 3-5 days/week
- Muscle: 2-3 times /week
- Flexibility/Balance/Coordination: everyday

□ **Intensity :** 4-6 moderate to vigorous on the PE Scale

□ **Time:** total 150 mins - 30 mins/ 3-5 day at 10 mins bouts (recommendation)

□ **Type:** activity performed should be specific to capacity/ability and desired goal



Benefits of PR*

- Improves Exercise Capacity
- Reduces perceived intensity of breathlessness
- Improves health-related QoL
- Reduces the # of hospitalizations and LOS
- Reduces anxiety and depression associated with COPD
- Strength and endurance training of the upper limbs improves arm function
- Benefits extend well beyond the immediate period of training
- Improves survival
- Respiratory muscle training is beneficial, especially when combined with general exercise training
- Psychosocial intervention is helpful

** Based on evidence presented in the Global Initiative for 2009 COLD/COPD – GOLD Guidelines



Assessment

PAR Q or PAR med-X

Level and intensity of Physical Activity:

- Used for Evaluation Pre & Post to determine progression level
 - Rapid Assessment of Physical Activity
 - RAPA 1: Aerobic
 - RAPA 2: Strength & Flexibility
 - TUG Test – time up and go: from sitting to walking 3 meters and sit back -
 - Self-Paced Walking Test = 6 MWD



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Exercise & COPD

TIPS FOR ADHERENCE



- Participant log
- Motivation- Fun & Practical
- Achievable Goals
 - SMART
- Community resources
- No PAIN, No PAIN





Patient Tools & Handouts

1. Living Well with COPD
2. Patient LOG
3. Powers of Attorney: Estate & Living Will
4. Geriatric Depression Scale
5. Action Plan



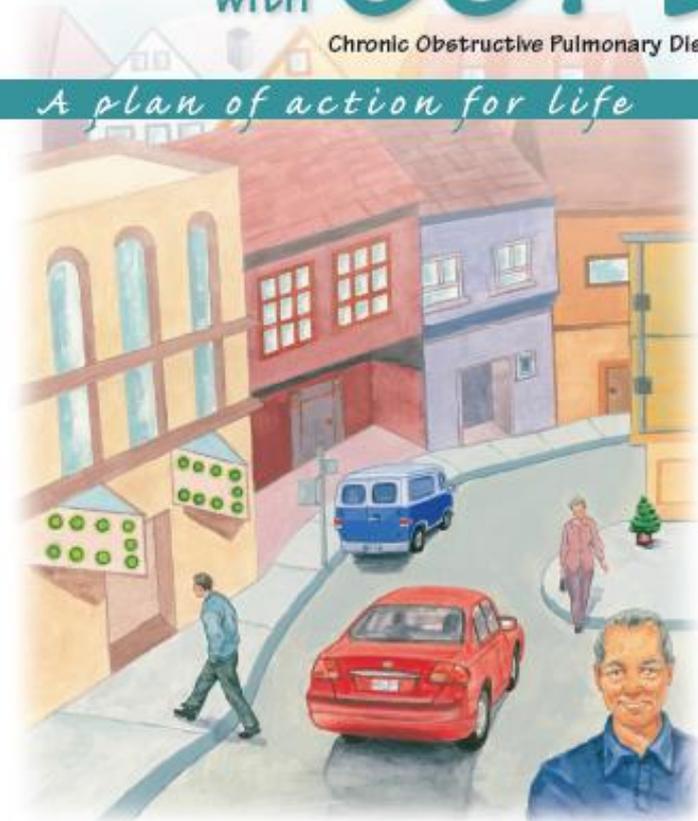
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The Bible

Living Well **COPD**TM with

Chronic Obstructive Pulmonary Disease

A plan of action for life



Patient's Education Tool

Blank Log 3: Adults and Older Adults

Log #3 is a personal weekly Activity Log to record the total minutes of moderate- to vigorous-intensity aerobic physical activity accumulated each day in bouts of at least 10 minutes and the days that you do muscle- and strength-building activities. Add them up every week!

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Activity 	Activity 	Activity 	Activity 	Activity 	Activity 	Activity 
Activity 	Activity 	Activity 	Activity 	Activity 	Activity 	Activity 
Activity 	Activity 	Activity 	Activity 	Activity 	Activity 	Activity 
Total 	Total 	Total 	Total 	Total 	Total 	Total 



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POA

Powers of Attorney

This booklet contains forms for
Continuing Power of Attorney for Property
and
Power of Attorney for Personal Care



Ministry of the Attorney General

NOT FOR SALE



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**Geriatric
Depression
Scale**

File # : _____ D.N.N. ____/____/____
Name at birth _____
First name _____

**GERIATRIC DEPRESSION
SCALE**

Yesavage, J.A., Brink, T.L., Rose, T.L., Lum, O., Huang, Y., Adey, M., & Leiper, V.O.
This scale is in the public domain.

DATES			

Choose the best answer for how you felt over the last week.	Yes	No	Yes	No	Yes	No	Yes	No	
1. Are you basically satisfied with your life ?	0	1	0	1	0	1	0	1	
2. Have you dropped many of your activities and interests ?	1	0	1	0	1	0	1	0	
3. Do you feel that your life is empty ?	1	0	1	0	1	0	1	0	
4. Do you often get bored ?	1	0	1	0	1	0	1	0	
5. Are you in good spirits most of the time ?	0	1	0	1	0	1	0	1	
6. Are you afraid that something bad is going to happen to you ?	1	0	1	0	1	0	1	0	
7. Do you feel happy most of the time ?	0	1	0	1	0	1	0	1	
8. Do you often feel helpless ?	1	0	1	0	1	0	1	0	
9. Do you prefer to stay at home, rather than going out and doing things ?	1	0	1	0	1	0	1	0	
10. Do you feel you have more problems with memory than most ?	1	0	1	0	1	0	1	0	
11. Do you think it is wonderful to be alive now ?	0	1	0	1	0	1	0	1	
12. Do you feel pretty worthless the way you are now ?	1	0	1	0	1	0	1	0	
13. Do you feel full of energy ?	0	1	0	1	0	1	0	1	
14. Do you feel that your situation is hopeless ?	1	0	1	0	1	0	1	0	
15. Do you think that most people are better off than you are ?	1	0	1	0	1	0	1	0	
TOTAL	/	/	/	/	/	/	/	/	
Do you think of harming yourself or killing yourself ?	Yes	No	Yes	No	Yes	No	Yes	No	
If yes, do you intend to do so ?	Yes	No	Yes	No	Yes	No	Yes	No	
Do you often feel scared, apprehensive ?	Yes	No	Yes	No	Yes	No	Yes	No	
Are you being plotted against ?	Yes	No	Yes	No	Yes	No	Yes	No	
TOTAL	/	/	/	/	/	/	/	/	
Initials									
Init.	Signature / Professional's Title				Init.	Signature / Professional's Title			

Result : > 5 → is suggestive of depression and should warrant a follow-up interview
> 10 → are almost always depression, reference



Action Plan

Living Well with COPD
Chronic Obstructive Pulmonary Disease
 A Plan of Action for YOU

Plan of Action

My name is: _____

Contact List

Service	Name	Phone Number
Resource Person		
Family Physician		
Respiriologist		
Pharmacist		

I Feel Well

My Usual Symptoms

- I feel short of breath: No Yes, colour: _____
- I cough up sputum daily: No Yes
- I cough regularly.

My Actions

- I sleep and eat well, I do my usual activities and exercises

My Regular Treatment is:

Medication	Dose	Puffs/pills	Frequency

2nd Edition 2006

I Feel Much Worse

My Symptoms

- My symptoms get worse.
- After 48 hours of treatment my symptoms are not better.

My Actions

- I call my contact person.
- After 9 pm or on the weekend, I go to the hospital emergency department.

I Feel I am in Danger

My Symptoms

In any situation if:

- I am extremely short of breath
- I am confused and/or drowsy
- I have chest pain

My Actions

- I call 911 for an ambulance to take me to the hospital emergency department.

Other recommendations from my doctor about my Plan of Action:

Living Well with COPD
Chronic Obstructive Pulmonary Disease

I Feel Worse

My Symptoms

- Changes in my sputum (colour, volume, consistency)
- More shortness of breath than usual
 Note that these changes may happen after a cold or flu-like illness and/or sore throat.

CHANGES IN MY SPUTUM

My additional treatment is:

My Actions

- I take the **additional treatment** prescribed by my doctor
- I avoid things that make my symptoms worse
- I use my breathing, relaxation, body position and energy conservation techniques
- I notify my resource person _____

MORE SHORTNESS OF BREATH THAN USUAL

I start my ANTIBIOTIC if my SPUTUM becomes

I check my sputum colour, volume and consistency (not only in the morning).
 I do not wait more than 48 hours to start my antibiotic.

Antibiotic	Dose	Number of Pills	Frequency/days

Comments: _____

I Increase my reliever (BRONCHODILATOR) if I am MORE SHORT OF BREATH than usual.

Bronchodilator	Dose	Number of Puffs	Frequency/days

Comments: _____

I start my PREDNISONE if after increasing my Bronchodilator my SHORTNESS OF BREATH DOES NOT IMPROVE and I have difficulty performing my usual activities.
 I do not wait more than 48 hours to start my prednisone.

Prednisone	Dose	Number of Pills	Frequency/days

Comments: _____



CTS Action Plan

My COPD Action Plan

Physician's Copy

This is to tell me how I will take care of myself when I have a COPD Flare-up.

My goals are _____ and _____

My support contacts are _____ and _____

My Symptoms	I Feel Well	I Feel Worse	I Feel Much Worse
I have sputum.	My usual sputum colour is: _____	Changes in my sputum, for at least 2 days. OR More short of breath than usual for at least 2 days.	My symptoms are not better after taking my flare-up medicine for 48 hours.
I feel short of breath.	When I do this: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	I am very short of breath, nervous, confused and/or drowsy, and/or I have chest pain.
My Actions	Stay Well	Take Action	Call For Help
	I use my daily puffers as directed.	If I checked "Yes" to one or both of the above, I use my prescriptions for COPD flare-up.	I will call my support contact and/or see my doctor and/or go to the nearest emergency department.
	If I am on oxygen, I use _____ L/min.	I use my daily puffers as usual. If I am more short of breath than usual, I will take _____ puffs of _____ up to a maximum of _____ times per day.	I will dial 911.
		I use my breathing and relaxation methods as taught to me. I pace myself to save energy.	Important information: I will tell respiratory educator, or case manager within 2 days if I had to use flare-up prescriptions AND follow-up appointments to follow-up appointments to Action Plan twice a year.
		If I am on oxygen, I will increase it from _____ L/min to _____ L/min.	

Notes: _____

Produced in collaboration with COPD & Asthma Network of Alberta (CANAA). The CTS acknowledges the past contributions of Living Well with COPD and Family Physician Always Group of Canada.

THE LUNG ASSOCIATION / L'ASSOCIATION PULMONAIRE

CANADIAN SOCIÉTÉ / SOCIÉTÉ CANADIENNE DE THORACOLOGIE

My COPD Action Plan

Patient's Copy

This is to tell me how I will take care of myself when I have a COPD Flare-up.

My goals are _____

My support contacts are _____

Prescriptions for COPD Flare-up (Patient to fill as needed for symptoms)

These prescriptions may be refilled two times each, as needed, for 1 year to treat COPD Flare-ups. Pharmacists may fax the doctor's office once any part of this prescription has been filled.

1. (A) If the colour of your sputum **CHANGES**, start antibiotic _____ for #days: _____

How often: _____

(B) If the first antibiotic was taken for a flare-up in the last 3 months, use this different antibiotic instead: _____

How often: _____ for #days: _____

2. If you are MORE short of breath than usual, start prednisone _____

How often: _____ for # days: _____

Once I start any of these medicines, I will tell my doctor, respiratory educator, or case manager within 2 days.

Doctor's Name _____

License _____

Doctor's Fax _____

Doctor's Signature _____

Date _____

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THE LUNG ASSOCIATION / L'ASSOCIATION PULMONAIRE

CANADIAN SOCIÉTÉ / SOCIÉTÉ CANADIENNE DE THORACOLOGIE

I FEEL WELL

MY SYMPTOMS
 • I feel short of breath: _____
 • I cough up sputum daily. No Yes, colour: _____
 • I cough regularly. No Yes

I FEEL WORSE

MY SYMPTOMS
 • I have changes in my sputum (colour, volume, consistency), not only
 • I have more shortness of breath than usual
 Note that these changes may happen after a cold or flu-like illness and/
 Some people feel a change in mood, fatigue or low energy prior to a flare-up.

MY ACTIONS
 • I use my prescription for COPD flare up
 • I avoid things that make my symptoms worse
 • I use my breathing, relaxation, body position and energy conservation techniques
 • If I am already on Oxygen, I use it consistently and increase from ___ L/
 • I notify my contact person (Tel: _____) and/or see my doctor (Tel: _____)

PRESCRIPTION FOR COPD FLARE-UP

1) If your SPUTUM becomes yellowish/greenish
 start Antibiotic _____ Dose: _____ # pills: _____
 if repeating antibiotics within 3 months, use the following antibiotic instead
 start Antibiotic _____ Dose: _____ # pills: _____
 2) If you are more SHORT OF BREATH than usual, take ___ puffs of ___
 of ___ times per day, as necessary
 If your SHORTNESS OF BREATH DOES NOT IMPROVE,
 start PREDNISONE _____ Dose: _____ # pills: _____
 _____ Physician Name _____ Signature _____

I FEEL MUCH WORSE OR IN DANGER

MY SYMPTOMS	MY ACTIONS
• My symptoms have worsened. • After 48 hours of treatment my symptoms are not better.	• I notify my contact person and/or see my doctor • After 5 pm or on the weekend, I go to the hospital emergency department (Tel: _____)
• I am extremely short of breath, agitated, confused and/or drowsy, and/or I have chest pain	• I dial 911 for an ambulance to take me to the hospital emergency department.

Important Information: Make a follow-up appointment with your action or if you need to use your additional treatment twice within a short period of time (e.g. 3 months).

I FEEL WELL

MY SYMPTOMS
 • I feel short of breath: _____
 • I cough up sputum daily. No Yes, colour: _____
 • I cough regularly. No Yes

I FEEL WORSE

MY SYMPTOMS
 • I have changes in my sputum (colour, volume, consistency), not only in the morning
 • I have more shortness of breath than usual
 Note that these changes may happen after a cold or flu-like illness and/or sore throat.
 Some people feel a change in mood, fatigue or low energy prior to a flare-up.

MY ACTIONS
 • I use my prescription for COPD flare up
 • I avoid things that make my symptoms worse
 • I use my breathing, relaxation, body position and energy conservation techniques
 • If I am already on Oxygen, I use it consistently and increase from ___ L/min to ___ L/min
 • I notify my contact person (Tel: _____) and/or see my doctor (Tel: _____)

PRESCRIPTION FOR COPD FLARE-UP

1) If your SPUTUM becomes yellowish/greenish
 start Antibiotic _____ Dose: _____ # pills: _____ Frequency: _____ # days: _____
 if repeating antibiotics within 3 months, use the following antibiotic instead
 start Antibiotic _____ Dose: _____ # pills: _____ Frequency: _____ # days: _____
 2) If you are more SHORT OF BREATH than usual, take ___ puffs of ___ up to a maximum
 of ___ times per day, as necessary
 If your SHORTNESS OF BREATH DOES NOT IMPROVE,
 start PREDNISONE _____ Dose: _____ # pills: _____ Frequency: _____ # days: _____
 _____ Physician Name _____ Signature _____ License _____ Date _____

I FEEL MUCH WORSE OR IN DANGER

MY SYMPTOMS	MY ACTIONS
• My symptoms have worsened. • After 48 hours of treatment my symptoms are not better.	• I notify my contact person and/or see my doctor • After 5 pm or on the weekend, I go to the hospital emergency department (Tel: _____)
• I am extremely short of breath, agitated, confused and/or drowsy, and/or I have chest pain	• I dial 911 for an ambulance to take me to the hospital emergency department.

Important Information: Make a follow-up appointment with your doctor to periodically review your plan of action or if you need to use your additional treatment twice within a short period of time (e.g. 3 months).

I FEEL WELL

MY SYMPTOMS
 • I feel short of breath: _____
 • I cough up sputum daily. No Yes, colour: _____
 • I cough regularly. No Yes

I FEEL WORSE

MY SYMPTOMS
 • I have changes in my sputum (colour, volume, consistency), not only in the morning
 • I have more shortness of breath than usual
 Note that these changes may happen after a cold or flu-like illness and/or sore throat.
 Some people feel a change in mood, fatigue or low energy prior to a flare-up.

MY ACTIONS
 • I use my prescription for COPD flare up
 • I avoid things that make my symptoms worse
 • I use my breathing, relaxation, body position and energy conservation techniques
 • If I am already on Oxygen, I use it consistently and increase from ___ L/min to ___ L/min
 • I notify my contact person (Tel: _____) and/or see my doctor (Tel: _____)

PRESCRIPTION FOR COPD FLARE-UP

1) If your SPUTUM becomes yellowish/greenish
 start Antibiotic _____ Dose: _____ # pills: _____ Frequency: _____ # days: _____
 if repeating antibiotics within 3 months, use the following antibiotic instead
 start Antibiotic _____ Dose: _____ # pills: _____ Frequency: _____ # days: _____
 2) If you are more SHORT OF BREATH than usual, take ___ puffs of ___ up to a maximum
 of ___ times per day, as necessary
 If your SHORTNESS OF BREATH DOES NOT IMPROVE,
 start PREDNISONE _____ Dose: _____ # pills: _____ Frequency: _____ # days: _____
 _____ Physician Name _____ Signature _____ License _____ Date _____

I FEEL MUCH WORSE OR IN DANGER

MY SYMPTOMS	MY ACTIONS
• My symptoms have worsened. • After 48 hours of treatment my symptoms are not better.	• I notify my contact person and/or see my doctor • After 5 pm or on the weekend, I go to the hospital emergency department (Tel: _____)
• I am extremely short of breath, agitated, confused and/or drowsy, and/or I have chest pain	• I dial 911 for an ambulance to take me to the hospital emergency department.

Important Information: Make a follow-up appointment with your doctor to periodically review your plan of action or if you need to use your additional treatment twice within a short period of time (e.g. 3 months).



COPD ACTION PLAN



Barrie and Community

Family Health Team

Resources

✓ Living Well with COPD



FUTURE

- Available to Non-FHT patients
- Maintenance program (open door)
- Post AECOPD class – Follow up
- More resources- support for both
- Integrate patients back into community programs- as appropriate
- Cardiac/COPD Rehab-





LESSONS LEARNED

- Proper or appropriate screening of patients
 - Respirologist and CRE to screen
- Commitment from patients
 - Space limited, waiting list
- Flexibility in session times to accommodate our younger COPD population still working



TOP 10 DO'S & DONT'S

DONT'S

- Do go solo
- Do more than you can handle
- Be afraid to ask for assistance from the industry
- Forget program evaluation (pre and post)
- Sweat the small stuff

DO'S

- Collaborative approach- involve your community & Team -
- Identify the different stakeholders
- Talk to your physicians about their needs
- Talk to your patient about their needs
- Take the tour
- Have FUN!

Over 50 PARTICIPANTS/OUR TEAM





Barrie and Community
Family Health Team

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