



To breathe is to live

What you should when caring for COPD patients bear in mind

Breathing is a matter of course - until it no longer works smoothly. If your care client suffers from chronic obstructive pulmonary disease (COPD), breathing can become a daily challenge. Shortness of breath, coughing and the feeling of not getting enough air are a strain on body and mind. both In Germany, the number of COPD cases is steadily increasing, especially in older . peopleIn the 70 to 74 age group, around 15% of men and 10% of women are affected. The disease cannot be cured, but can be treated with targeted measures to quality of life maintain .as well as possible



What causes COPD?

COPD is caused by a permanent narrowing of the airways that no longer fully regresses. It is usually caused by chronic bronchitis and destroyed alveoli (pulmonary emphysema). The main causes are

- Smoking - the biggest risk factor
- Air pollution - in particular due to diesel exhaust fumes or particulate matter
- Occupational exposure to dust or chemicals
- Frequent respiratory infections in childhood

COPD does not only affect the lungs. As the oxygen exchange is increasingly disturbed, other organs can also suffer damage. Particularly affected are



The heart, which due to the oxygenis under strain greater lack of



The muscles that due to break down lack of exercise



The bone system, which becomes more susceptible to osteoporosis



The metabolism that can get balanceout of



The psyche, as many of those affected suffer from anxiety or depression



The disease manifests main symptoms: itself in 3



- 1. Shortness of breath** - initially only on exertion, later also at rest



- 2. Cough** - often persistent, especially in the morning



- 3. Sputum** - thick mucus, often discoloured



Other signs may be

- Noises when exhaling
- Tightness in the chest
- Drop in performance and decreasing resilience
- Emaciation (cachexia)
- Blue-red discolouration of the skin (cyanosis) due to lack of oxygen



When does shortness of breath particularly occur?

- **Physical strain:** when climbing stairs, walking or lifting objects, later even when dressing and undressing or speaking.
- **At night and when lying down:** Due to increased accumulation of secretions, often better with a raised upper body.
- **When the weather changes:** Damp, cold or hot air can further irritate the airways
- **With infections:** Respiratory tract infections such as flu or bronchitis can significantly increase breathlessness
- **In the case of emotional stress:** anxiety and panic attacks can make breathing even more difficult.



COPD progresses in 4 degrees of severity:

Stage I - Mild COPD:	Stage II - moderately severe COPD:	Stage III - Severe COPD:	Stage IV - Very severe COPD:
Barely noticeable breathing obstruction	Noticeable symptoms Shortness of breath during physical exertion	Significant shortness of breath, frequent episodes of illness	Severe oxygen , life-threatening episodes of deterioration (exacerbations)
Lung volume over 80 %.	Lung volume between 50 % and 80 %.	Lung volume between 30 % and 50 %.	Lung volume below 30 %.



Caution: Dangerous deterioration in winter

COPD can worsen in episodes - these are called exacerbations. They occur particularly in the cold winter months and often require urgent treatment adjustments by the doctor.

Warning signs of an exacerbation:

- Sudden increase in breathlessness
- Increased cough
- More or tougher sputum
- Change in ejection colour (yellow-green)
- General weakness, tiredness or fever

If you notice such changes in your nursing client, inform a nurse immediately, who should then contact the doctor straight away.

Call an ambulance ! immediately In the event of severe shortness of breath or bluish discolouration (cyanosis), call an ambulance .immediately





Caring for COPD patients:

1 Facilitate breathing

- Support a posture that makes breathing easier,
z. E.g. elevate the upper body to improve lung function
- Encourage expectoration by gently Tapping massages on the back.
- Support breathing techniques such as the lip brake (see page 20).

2 Handling oxygen therapy

If your patient is receiving oxygen therapy, the prescribed amount should be strictly adhered to. Never oxygen increase the without authorisation, as too high a dosage the can . weaken respiratory drive Check the skin regularly for pressure points caused by the oxygen mask or nasal cannula.

3 Managing respiratory distress attacks

- Keep calm and communicate
You give your care client security.
- Position your care client upright (or in the coach seat) and guide
You can it as a lip brake.
- Inform a carer who will then, if necessary, administer the prescribed medication.
bronchodilator medication is administered.
- In case of severe shortness of breath or bluish discolouration (cyanosis) call
Please call an ambulance immediately.

4 Pay attention to your diet

COPD patients often have an increased risk of malnutrition, as breathing requires a lot of energy. High-calorie, easily digestible food be offered in small portions. should therefore Bloating foods should also be avoided, as they push the diaphragm upwards can .and make more difficultbreathing

5 Optimise fluid intake

To loosen thick secretions, your patient should drink enough (according to the doctor's instructions). Warm drinks such as tea make it to cough up.also easier

6 Promote exercise and mobility

Regular light exercise prevents . muscle loss and shortness of breath Walks are important to maintain lung function. also However, be careful not to over-exert care client and plan sufficient your breaks. Your care client should move as much as they can - even a few steps a day are helpful.

7 Adapt daily structure

Your care client can maintain the highest possible quality of life despite COPD if you adapt the care to their individual stress limits. should therefore always the entire daily routine. Sufficient rest breaks be planned into

8 Careful oral hygiene

Inhalations or oxygen therapies can dry out the oral mucosa. should therefore You check . your 's care client daily mouth for redness or injuries Regular and thorough oral care be ensured. should also

9 Medication and Instructions

Make sure that your care client takes their medication correctly and administers properly (see issue 12/2024 of "DurchblickPflege"). Inhalers should also be cleaned regularly to prevent motivate your nursing client infections. Also to regularly the breathing exercises shown by the doctor or therapist.

10 Miscellaneous

It is a good idea for your carer with COPD to be vaccinated regularly to prevent infections. also You should make sure that you as a carer do not smell too strongly of perfume or smoke when you are on duty.

