

In the Know

The Inservice Club for Nursing Assistants

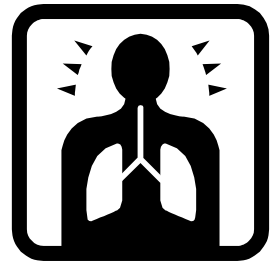
Instructions for the Learner

We hope you enjoy this Inservice, prepared especially for nursing assistants like you. You work very hard, and we appreciate the effort you make to complete these educational materials. It shows your desire to continue learning and growing in your profession.

What will you learn?

After finishing this inservice, you will be able to:

- Discuss the definition of COPD—including chronic bronchitis and emphysema.
- Describe the three *main* symptoms of COPD and list at least four other symptoms.
- List at least three factors that can cause COPD.
- Describe at least six ways you can help your COPD clients in their everyday lives.
- Demonstrate at least two ways you can help your COPD clients in their everyday lives.



If you are studying the inservice on your own, please do the following:

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask _____.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Keep the inservice information for yourself and turn in the quiz page to _____ no later than _____. Show your Inservice Club Membership Card to _____ so that it can be initialed.

THANK YOU!



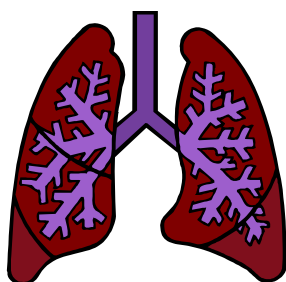
In the Know

The Inservice Club for Nursing Assistants

What is COPD?

The term COPD stands for

Chronic
Obstructive
Pulmonary
Disease.



COPD is a chronic disease, which means that it continues over a long period of time. And it's obstructive, because it blocks the passage of air, making it hard to breathe. COPD is a pulmonary disease, which means that it affects the lungs.

COPD is also a *progressive* and *irreversible* disease. This means that it gets worse over time and that a person with COPD won't get better (once there has been damage in the lungs).

COPD is made up of two similar conditions: **chronic bronchitis** and **emphysema**. Both of these lung conditions keep the lungs from working properly—and prevent a person from breathing normally.

Many clients with COPD have both chronic bronchitis and emphysema *at the same time*—so their lungs have double the trouble!

Chronic bronchitis is an inflammation inside the breathing tubes in the lungs. When these tubes get inflamed, air has a hard time passing through. A thick mucus is produced and coughed up.

Emphysema affects the tiny air sacs in the lungs. These sacs lose their elasticity—like an overused rubber band. Stale air gets trapped in them, making it harder to breathe. This causes shortness of breath and a cough.

Remember...most clients with COPD have some combination of *both* chronic bronchitis and emphysema. But, it doesn't really matter if Mr. Smith's COPD is mostly bronchitis or Mrs. Brown's COPD is mostly emphysema. Just think of these two conditions as COPD—and follow the tips given in this inservice to help your clients live a higher quality of life.

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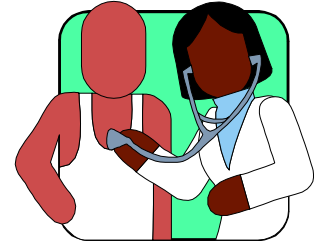
Special points of interest:

- See page 4 for cigarette facts, smoking facts, and famous people who have died from smoking.
- See page 8 for some do's and don'ts for keeping lungs healthy.
- See page 9 for warning signs that COPD is getting worse.

How Do Normal Lungs Work?

- Each time a person breathes, air enters the nose and airways. It goes through the windpipe to the lungs. Then, the air goes through smaller airways which spread out like the branches of a tree. From there, millions of very small airways carry the air to tiny air sacs called *alveoli*. From these tiny air sacs, the air is absorbed into blood vessels.
- In the *normal* lung, air has no problem getting through to the air sacs because the muscles that wrap around the airways are very *loose* and *thin*. This gives the airways plenty of room to open up.

- When the airways are open, it's *easy* for air to move in and out of the tiny air sacs. In other words...it's easy to breathe!

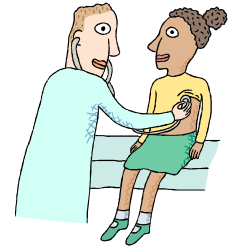


- Remember...the lungs pull fresh air (*called oxygen*) into the body by breathing **in**. This is called inhaling. Then, the lungs remove bad air (*called carbon dioxide*) from the body by breathing **out**. This is called exhaling.

What Does COPD Do To The Lungs?

- People with COPD aren't able to use their breathing muscles properly. And, their lungs don't work very well!
- The walls of the small airways and the tiny air sacs become damaged and less flexible.
- The airway walls thicken, causing large airways to shrink and small airways to become totally blocked. In addition, mucus plugs up the airways and tiny air sacs throughout the lungs.

- "Stale" air gets trapped in the lungs. This stale air takes up room that should be used by fresh air.
- These blockages make it really hard for air to move in and out of the lungs.
- As a result, people with COPD have trouble getting the oxygen that their bodies need.



A Few Lung Facts

- The lungs are large and cone-shaped. They look like giant sponges and are grayish-pink in color.
- The lungs are one of the last parts of the body to develop in a baby.
- In adult lungs, there are 600-800 *million* tiny air sacs (called alveoli).



- Together, both your lungs weigh about 2.5 pounds.
- Lungs move *all the time*.
- If a person's lung tissue was spread out, it would just about cover a tennis court!
- The right lung has three sections—but the left lung has only two.



Symptoms Of COPD

There are three *main* symptoms of COPD:

1. **Chronic cough** that may produce mucus. This is usually the earliest symptom.
2. **Shortness of breath or breathlessness.** This usually develops later on and continues to get worse as COPD progresses.
3. **Difficulty breathing in or out.**



Other symptoms of COPD may include:

- Wheezing or noisy breathing.
- Fatigue.
- Weight loss.
- Chest and stomach pain.
- Depression and anxiety.
- Enlarged chest (also called “barrel chest”).

- Too little oxygen can cause COPD clients to have a bluish color to their skin, lips, and nails.
- It can also affect the nervous system, especially the brain. This can cause headache, sleeplessness, irritability, and problems with thinking and learning.

Other Problems Caused By COPD

- *A heart condition called cor pulmonale.* With COPD, the heart has to work very hard to pump blood into the narrow passages of the lungs. After a while, the heart becomes enlarged. Clients with cor pulmonale may get tired easily, have an abnormal heart beat and suffer from chest pains.
- *Pneumonia and other chest infections.* Pneumonia is an infection of the lung tissue. When lungs have been damaged by COPD, they can become infected easily.

Causes Of COPD

- By far, **cigarette smoking** is the main cause of COPD! But not all smokers develop COPD. No one knows why this is true.
- COPD can also be caused by **occupational exposure**, meaning that some people get COPD from their workplace. Chemical fumes and organic dusts (like grain, cotton, wood, metal and coal dust) can contribute to COPD.
- For smokers, **air pollution** can be a factor, too. It can lead to the development of COPD and it can make the symptoms of COPD worse.



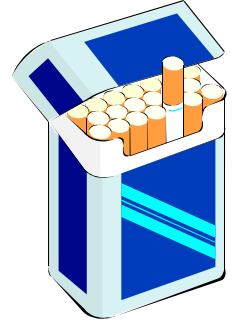
- People who have a **history of childhood respiratory infections** like colds, pneumonia, and acute bronchitis may be more likely to develop COPD.
- **Heredity** also plays a role in COPD. There is a type of emphysema called AAT (*alpha 1 antitrypsin*) that runs in families. AAT is a substance that helps protect the lungs. Some people are born without AAT and when this happens there is a good chance that they will have emphysema. The number of Americans with AAT emphysema is small.
- **Poor living conditions** seem to be another problem that contributes to COPD.

Some Cigarette Facts

Have you ever wondered exactly what's in a cigarette? Believe it or not, cigarettes and cigarette smoke contain over 4000 chemicals! At least 63 of these chemicals are known to cause cancer in people. Here are just a few of the ingredients that you'll find in just one cigarette.

- *Acetone*—a chemical used in nail polish remover.
- *Ammonia*—a chemical used in cleaning solutions. (It's added for flavor.)
- *Lead*—a very poisonous metal. It can cause serious damage to the brain, kidneys, red blood cells, and nervous system.

- *Nicotine*—the chemical that makes cigarettes so addictive. Many believe that it's more addictive than heroin!
- *Formaldehyde*—a chemical that's used to preserve dead bodies. Formaldehyde is known to cause cancer and other problems.
- *Carbon Monoxide*—an odorless, colorless toxic gas. In small doses, it causes increased heart rate, and shortness of breath.



A Few Smoking Facts

- 90% of people with smoking-related diseases began smoking when they were teenagers.
- The CDC (*Centers for Disease Control and Prevention*) rates secondhand smoke as the most dangerous indoor pollutant.
- Approximately 4.5 million teenagers in the United States are cigarette smokers.
- Around 22 million American women are smokers.
- Smoking during pregnancy causes babies to be born too small and/or too early. It's also responsible for about 10% of all infant deaths.
- According to the American Lung Association, over 430,000 Americans die each year from smoking-related diseases.
 - Secondhand smoke kills at least 3,000 nonsmokers every year.



Famous People Who Have Died From Smoking

- **Desi Arnaz**—actor on "I Love Lucy" (died in 1986 of lung cancer)
- **Humphrey Bogart**—actor (died at age 57 of cancer of the esophagus)
- **T.S. Elliot**—poet and writer (died in 1965 of emphysema)
- **Betty Grable**—movie actress (died at age 56 of lung cancer)
- **Amanda Blake**—actress on "Gunsmoke" (died at age 60 of throat cancer)
- **Babe Ruth**—baseball player (died at age 53 of nose/throat cancer)
- **Walt Disney**—animator (died at age 65 of lung cancer)
- **Andy Kaufman**—actor (died at age 35 of lung cancer)
- **Ed Sullivan**—entertainer (died of lung cancer in 1974)
- **Dick York**—TV actor (died in 1992 of emphysema)
- **Bette Davis**—movie actress (died in 1989 of a stroke)





What It's Like to Have COPD

COPD develops gradually *over a long period of time*. It usually takes years of cigarette smoking before symptoms become noticeable. Keep in mind that not everyone with COPD will progress in the same way...and the severity of symptoms can vary from person to person, too.



COPD might develop something like this:

- Jim started smoking cigarettes when he was 19. Now, he's 27. His wife wants him to quit smoking, but Jim hasn't noticed any symptoms of lung damage, so he keeps on smoking.
- At age 31, Jim starts to develop a chronic cough. Sometimes he coughs up a small amount of mucus.
- When Jim turns 40, he begins to notice some occasional shortness of breath. As the years go by, his shortness of breath gets worse and worse.
- When he turns 47, Jim finally sees a doctor who diagnoses COPD and starts Jim on some treatments. Jim notices a little bit of improvement at first—less coughing and fewer episodes of shortness of breath. He decides it's okay to continue smoking—just a few cigarettes a day.
- In his early 50's, Jim starts to slowly get worse. His COPD is progressing—in spite of medical treatments. Jim has repeated coughing attacks and constant shortness of breath. He loses his job and can no longer support his family.
- Now, each time Jim has a coughing attack, it takes longer and longer for him to feel better. (Unfortunately, his lungs suffered a lot of damage *before* he finally went to a doctor. This makes it harder to manage the COPD.)
- By age 55, Jim's damaged lungs barely work. He has to gasp for every breath of air. Jim dies at the young age of 56—leaving a wife and two teenaged children.

The Three Levels of COPD

1. Mild COPD

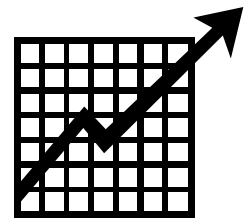
- Coughing and mucus.
- There may be no other early signs of COPD.

2. Moderate COPD

- Shortness of breath after moderate exercise.
- Coughing happens more often and mucus production increases.
- Frequent respiratory infections like pneumonia.

3. Severe COPD

- Severe shortness of breath with even the smallest amount of exercise.
- Coughing continues to get worse and there is too much mucus.
- Respiratory infections get worse and tend to keep coming back.
- Skin may have a bluish color to it.
- Chest may get larger—taking on the shape of a barrel.



What Do Doctors Know About COPD?

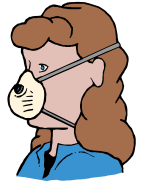
- The earlier that COPD is detected the better! Early treatment may help slow down the disease—at least a little bit.



- Doctors say that many people ignore the warning signs of COPD. The symptoms are there, but people don't pay attention to them because they are so mild. For example, they may think it's *normal* to become short of breath as they get older. Or they may believe that their cough is just a little "*smoker's cough*"—and that it's not serious.
- Because symptoms tend to be so mild, it can be very difficult for doctors to catch COPD early on. Unfortunately, the current tests used to diagnose COPD can only discover the disease after irreversible damage has been done.
- So, most of the time, doctors diagnose COPD after the client's lung function has been cut in half! By then, much of the damage has been done.

- Doctors look carefully for symptoms of COPD. After a complete medical exam, including questions about the client's health like "*Are you a smoker?*", the doctor will most likely order certain tests:


- **Pulmonary Function Tests (PFT's)** which measure the amount of air the lungs can hold and how quickly air moves in and out of the lungs.



- A blood test called **Arterial Blood Gas (ABG's)** which measures how good the lungs are at getting oxygen into the bloodstream.
- A **Pulse Oximetry** test also measures the amount of oxygen in the blood—but without using any needles. It uses light waves instead. The test is done by putting a special clip on a person's finger, earlobe or forehead.
- **Chest x-rays and CAT scans.** These tests show lung damage. They may not be helpful in the early stages of COPD.



- Doctors often perform these tests on several *different* days. Then, the doctor compares the results to see if the diagnosis of COPD is correct.
- A person with COPD will probably have these tests done regularly to check if the disease is getting better...or worse.



Researchers are still looking for better ways to detect COPD. Someday they hope to develop tests that can tell who is likely to get COPD. This would allow doctors to begin treatment before permanent damage occurs.



Treatments For COPD

- So far, there is no *cure* for COPD, but there are several ways to help manage the symptoms.
- If people with COPD follow a complete lung care program, it can help lessen their disability, reduce attacks, keep them out of the hospital and maybe even help prevent some early deaths. But, no therapy can stop COPD from getting worse once the lungs have been damaged.
- Home oxygen therapy can improve the quality of life for people with advanced COPD—and may help them survive longer. This treatment decreases shortness of breath, improves heart function and tolerance to exercise—and generally helps people feel and think better.
- Oxygen requires a doctor’s prescription and is considered a *medicine*. Oxygen usually comes in a tank or humidifier and reaches the client through a face mask or nose tube.



- Since tanks can hold only a few hours worth of oxygen, a machine called a *concentrator* can be useful. (A concentrator pulls oxygen out of the air. It’s about the size of a regular T.V.)
- There are portable liquid oxygen systems and tanks, too, which clients can carry over their shoulders or push in a cart.

- Other medications used for COPD include:
 - **Bronchodilators** help open the airways. *Inhalers* are the most common way for adults to get this medication.
 - **Steroids** help reduce mucus production and inflammation of the airway walls. Your client might take steroid pills or use a steroid inhaler.
 - **Expectorants** help loosen and get rid of mucus from the airways.

- **Antibiotics** help fight bacterial infections. They are usually given at the first sign of infection—when mucus changes from clear to yellow or green. There are many different types of antibiotics.



- **Diuretics** (sometimes called “water pills”) help the body get rid of extra fluid.
- **Digitalis** strengthens the force of each heartbeat.

- Some other treatments include lung reduction surgery and transplant surgery. Lung reduction surgery removes the damaged areas of the lung so that the normal parts can function better. Transplant surgery involves putting the healthy lungs from a person who has died into the chest of a person with COPD.

- One of the best treatments is to try to **prevent** the disease in the first place. One of the most important steps is to stop smoking! Not smoking almost always prevents COPD from developing and quitting smoking often slows it down.

- Another way to treat symptoms is to avoid environmental hazards like pollution, second-hand smoke, strong odors and weather changes. These hazards can make COPD worse.

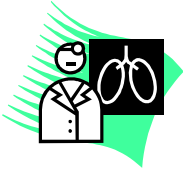


- Other treatments that help get rid of extra mucus include chest percussion (*lightly tapping the chest and back*), controlled coughing and using special inhalers.
- Special breathing techniques—such as pursed lip breathing—may also help lung function. (See *Breathing Activity Handout*.)

Some Do's & Don'ts Of Keeping Lungs Healthy

The Do's of Healthy Lungs:

- **Good nutrition.** It's very important for your clients to eat well-balanced meals.
- **Weight control.** Being overweight or underweight can be bad for your clients' lungs.
- **Regular exercise.** Help your clients move around as much as possible—if allowed by the doctor.
- **Regular check-ups.** Encourage your clients to keep their doctor's appointments so that any lung problems can be caught early.
- **Flu shot.** Getting a flu shot every year is especially important for people with lung diseases.



The Don'ts of Healthy Lungs:

- **Don't smoke!** Remind your clients that smoking is 1) the main cause of COPD and lung cancer, 2) causes a higher risk of heart disease, and 3) is linked to other cancers—head, neck, bladder.
- **Don't overdo it.** Trying to do too much or exercise too hard can cause problems for your clients.
- **Don't forget to take medications.** Medications—including oxygen—work best when used on a regular basis. Help your clients remember their medications.
- **Don't ignore signs of illness.** Report any changes in your client's condition.

A Few Interesting Facts About COPD

- Approximately 16.4 million Americans suffer from COPD. (About 14 million people in the United States suffer from chronic bronchitis and about 2 million people suffer from emphysema.)
- COPD is the 4th leading cause of death in America. In 1997, about 109,000 people died from COPD and related conditions.
- According to the American Lung Association, the yearly cost of COPD is almost \$32 billion!
- There are more than 16 million doctor visits every year because of COPD. And, it fills up nearly 2 million hospital beds every year.
- 80 to 90% of people with COPD get it because of smoking!
- A smoker is *10 times* more likely than a non-smoker to die of COPD.
- Nearly half of all people with emphysema report that their daily activities have been affected by the disease.
- In the past, most people with emphysema were men between the ages of 50 and 70, but that's quickly changing because more and more women are smoking.
- In 1994, men with emphysema outnumbered women by more than 54%. In 1996, men outnumbered women by only 10%.
- Coal miners, grain handlers, metal molders, and other workers exposed to dust tend to have chronic bronchitis more than other workers.
- Recent studies have shown that lung cancer and COPD are closely related. People with COPD have a higher chance of getting lung cancer.



Tips For Helping Clients With COPD!

Medications

- Watch your clients when they use their inhalers. It's important that they know how to use them properly. Let your supervisor know if you think they may be using them wrong.
- Using an inhaler seems simple, but you would be surprised at how many people forget to take off the cap! When an inhaler is used the wrong way, less medicine gets to the lungs. To use an inhaler, COPD clients should:
 - Shake the inhaler for five or ten seconds and remove the cap. Breathe out all the way. Hold inhaler one or two inches in front of their mouth. Breathe in slowly through the mouth and press down on inhaler one time. Hold their breath and count to 10.
 - If a spacer or holding chamber is being used, they should first press down on the inhaler, then wait five seconds before breathing in. (*Spacers allow the medicine to get deep into the lungs. They are usually recommended for children and people who have trouble using their inhalers correctly.*)
- Ask to see your client's inhaler. If you notice a "powder" around the hole where the medicine comes out, the inhaler needs to be cleaned. You do this by removing the medication canister from the mouthpiece and rinsing the mouthpiece and cap in warm water. It's best to do this in the evening so the mouthpiece can "air dry" overnight.
- Even if they feel fine, remind your clients to take their medications as prescribed by their doctor—*no more and no less!*
- Encourage your clients to carry their medications at all times—just in case they need them.



- If you notice that your COPD clients are mixing their medications with other prescription and/or over-the-counter medications, let your supervisor know immediately! Mixing medications can cause unexpected and sometimes serious side effects.
- Remind your clients not to share their medications with anyone.
- Watch your clients for worsening of symptoms. Call your supervisor right away if you think symptoms have changed in any way!

WARNING SIGNS THAT COPD IS GETTING WORSE

- *More or less* mucus than usual.
- A change in the color of the mucus—from clear to brown, yellow or green.
- A change in the stickiness of the mucus—from less to more sticky.
- Blood in the mucus.
- Increased shortness of breath.
- Ankles that swell up suddenly.
- An unusual gain or loss of weight.
- Being extra tired.
- Having morning headaches, dizzy spells, restlessness, and sleeplessness.

Oxygen Safety

- It's very important **not** to smoke near oxygen. Encourage your clients and their family members not to smoke at all.
- If your client is using oxygen, make sure the equipment is being used correctly. Call your supervisor if the client seems to need help.
- Encourage your clients to change the nose tubes (*nasal cannulas*) often, especially if the prongs become dirty or uncomfortable.
- If your clients have portable oxygen units, make sure they know exactly how much oxygen they have so that they don't run short during an outing.



More Tips For Helping Clients With COPD!

Activity/Energy Conservation

- Encourage your COPD clients to control their breathing. It's helpful to use breathing control during physical activities to help reduce shortness of breath and fatigue. (See *Breathing Activity Handout*.)

- Encourage your clients to sit for as many activities as possible. Believe it or not, sitting uses 25% less energy than standing.



- Help your clients do their most important chores or activities *first*—when they have the most energy.
- Try not to let your clients with COPD do too much in one day. Ask them what they *want* or *need* to do that day and then help them decide what they can realistically get done.

- Remind your clients that you are there to help. Some tasks may be too hard for them to do alone or they may dislike doing something. You can do it for them and this will help them save some energy.

- Help your clients save energy throughout the day. For example: Help them rearrange the kitchen so that meal preparation takes the fewest amount of steps. Or, if they have just walked to the living area to read a book, but the book is in the bedroom, you can get it for them.

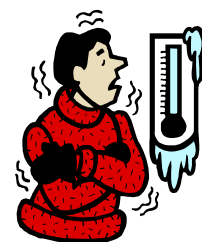


- When organizing your client's area, put items your client uses most often within easy reach—and keep them at waist or shoulder level.
- Let your clients know that it's best to alternate difficult and easy tasks...and to alternate activities with rest periods.

- Slow down and encourage your clients not to do things too fast. A slow, steady pace uses less energy. You can help, too, by not rushing them to hurry and finish their activity. Be patient.
- Encourage your clients to do one activity at a time and to use slow, smooth movements. Rushing could make them more uncomfortable.
- Encourage your clients not to bend or lift. Suggest that they push, pull or slide objects instead. It's easier and it will save energy.
- Suggest that your clients use "tools or gadgets" to help conserve energy. For example: Use long-handled grabbers to avoid reaching or bending over, and use small push carts to carry things around.

Weather Related

- Remember that cold weather and high winds can be bothersome to a client with COPD. Encourage your clients to take precautions like wearing a scarf over the nose and mouth to warm the air before breathing in.



- Encourage your clients to dress in layers. This helps maintain body heat.
- Remind your clients to avoid air pollution. Encourage them to remain indoors if the air quality is poor.
- To find out the air quality rating in your area, you might want to check with the local news station. This can be particularly important during the summer months when air pollution tends to be higher.



Still More Tips For Helping Clients With COPD!



Nutrition

- Eating well-balanced meals is very important. Encourage your COPD clients to eat properly.
- If your clients experience shortness of breath during mealtimes, you can suggest that they: eat several small meals instead of three big ones; rest before eating; eat slowly and chew foods well; breathe evenly when chewing; take plenty of time to eat; and avoid hard to eat foods.
- If your clients don't feel like eating, you can suggest that they try: eating small amounts of high calorie foods; drink fluids after eating; and have liquid meals or soft foods.
- Staying *hydrated* is important, too. Encourage your clients to drink plenty of fluids. This is a good way to keep the mucus loose so that it can be brought up by coughing.
- If you cook for your client, remember to use the exhaust fan or make sure there is good ventilation in the kitchen.



Exercise

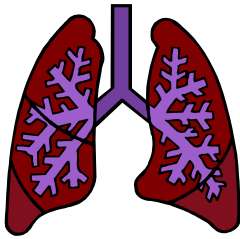
- It's important for your COPD clients to get some type of exercise—even if it's only a short, slow-paced walk.
- Remind your clients to check with their doctor before starting any type of exercise program.
- It's always a good idea for your clients to exercise in moderation—so they avoid doing too much.
- Be sure to remind your COPD clients to take rest periods during exercise time.
- Never let your clients exercise on a full stomach! It takes too much energy.



General Safety

- Encourage your clients to get a flu shot every year! People with COPD are more likely to get the flu and they will be sicker for much longer than someone who doesn't have COPD.
- Have your clients check with their doctor about getting a one-time pneumonia vaccination, too.
- Remind your clients to be cautious about being with people who are sick with colds or the flu. These infections are passed easily from one person to another.
- Avoid wearing strong perfumes or using strong-smelling cleaning fluids around clients with COPD.
- Many people with COPD also have allergies or asthma. If your clients suffer from allergies, try to be aware of the things that bother them—such as house dust, pollen, strong odors, cigarette smoke, and animals. Help them avoid these allergy “triggers”.
- Watch your clients for signs of breathlessness. If you see that they are short of breath, have them stop and rest in a comfortable position. Tell them to breathe in and blow out slowly through mouth. (*See Breathing Activity Handout.*)
- Remember...encourage your clients and their family members not to smoke. Tell them that over one million smokers successfully quit the habit each year. Of course, it isn't easy to quit. Most smokers make five attempts to stop before they actually do it. But, there are plenty of products on the market to help, such as nicotine patches, nicotine gum, nicotine nasal spray, and nicotine inhalers. Offer praise and support when your clients quit smoking. (*And be a good example yourself by not smoking!*)





In the Know

The Inservice Club for Nursing Assistants

Are You "In the Know" About COPD?

Circle the best choice, or fill in your answer. Then check your answers with you supervisor!

1. TRUE or FALSE

COPD only happens to people who smoke.

2. TRUE or FALSE

COPD is a heart condition.

3. TRUE or FALSE

Cigarettes are made of some toxic chemicals.

4. TRUE or FALSE

COPD can be cured.

5. COPD is a combination of two conditions, which are:

- A. Asthma and Strep Throat.
- B. Emphysema and Chronic Bronchitis.
- C. Pneumonia and Flu.
- D. Cold and migraine.

6. Your COPD client, Mrs. Lewis, has trouble with breathlessness during mealtime, you should suggest that she:

- A. Eat slowly and chew foods well.
- B. Rest before eating.
- C. Eat several small meals instead of three big ones.
- D. All of the above.

7. It's a good idea for COPD clients to get a _____ shot every year.

8. Mr. Jones, a COPD client, sometimes forgets to remove the cap from his inhaler, you should:

- A. Let your supervisor know about it.
- B. Not mention it to him at all.
- C. Try not to worry about it.
- D. Call his doctor.

9. TRUE or FALSE

There's no real danger in smoking around an oxygen tank.

10. If your COPD client is having trouble with her portable _____ system, you should let your supervisor know immediately.

EMPLOYEE NAME _____

DATE _____

I understand the information presented in this inservice. I have completed this inservice and answered at least eight of the test questions correctly.

Employee Signature _____

Inservice Credit: 1 hour



Supervisor Signature _____

Self Study _____

File completed test in employee's personnel file.

Group Study _____