



Quick Information Sheet

Chronic Obstructive Pulmonary Disease in Hospice and Palliative Patients

Chronic obstructive pulmonary disease (COPD) is a progressive disease in which the airways are partially blocked, making it difficult to breathe. The air flow into and out of the lungs is affected. COPD is also known as chronic bronchitis or emphysema, but it can be a combination of both conditions. Common causes of COPD are long-term exposure to lung irritants that damage the lungs and the airways, such as smoking, dusts and chemicals found in the workplace, and outdoor air pollution. It affects both men and women and is increasing in the United States.

Common Signs and Symptoms

- Shortness of breath, especially with activity
- Constant coughing, sometimes called “smoker’s cough”
- Feeling like you can’t breathe
- Excess sputum production
- Fatigue
- Decreased appetite
- Wheezing
- Chest tightness
- Anxiety, depression

Helpful Ways to Care for the Patient with COPD

- Make sure the patient takes medications as ordered
- Use oxygen as ordered; do not increase the amount of oxygen unless ordered by the healthcare providers
 - Help the patient use pursed lip breathing when feeling short of breath as it may slow down the rate.
- Pursed lip breathing technique. Take slow, deep breaths, breathing in (inhale) through nose and then breathe out (exhale) slowly and gently through pursed lips (lips that are “puckered” as if you were going to whistle)
- Maintain a calm environment

- Open a window or use a fan to increase air movement in the room. The fan should be directed to blow air across the cheek of the patient
- Avoid strongly scented perfumes and lotions when caring for the patient
- Caution visitors with a cough, cold, or flu to visit by phone
- Promote periods of rest between activities
- Positioning is important. Many patients find that sitting up and leaning forward over a table with hands on knees helps.

What to report to the hospice/palliative care team

- Any change in present symptoms such as shortness of breath, fatigue, difficulty sleeping, anxiety, or depression
- Cough that brings up colored or foul smelling sputum
- Fever
 - Confusion

Not everyone has all the signs and symptoms, but most have some shortness of breath and trouble with cough. Feeling like you can't get air in or out can be very frightening. Remember that the team is available to help the patient and family remain calm while trying to control this symptom.

Other HPNA Quick Information Sheets are available at www.hpna.org

References

Berry P. Management of other symptoms at the end of life. *Hospice and Palliative Nursing Assistant Core Curriculum*. Pittsburgh PA: The Hospice and Palliative Nurses Association: 2009; 24-25.

Kite-Powell D, Montgomery K, Stewart E. In: Perley M, Dahlin C, eds. *Core Curriculum*

for the Advanced Practice Hospice and Palliative Nurse. Pittsburgh PA: The Hospice and Palliative Nurses Association: 2007; 209-242.

National Heart Lung and Blood Institute. COPD. www.nhlbi.nih.gov

Approved by the HPNA Education Committee December 2009.