

# COPD PATIENT TOOLKIT

**A guide to understanding, managing,  
and living well with COPD**



Created in partnership with the INHALE Patient Advisory Board



# What is INHALE?

At Inspiring Health Advances in Lung Care (INHALE), we work with healthcare providers across Michigan to help you breathe easier. Whether you or your child has asthma or you are living with COPD, we are here to support you. COPD affects about 8% of people in Michigan, so you are not alone.

Visit [inhalecqi.org](http://inhalecqi.org) for more tips and resources.

The INHALE Patient Advisory Board made this toolkit to help you take control of your COPD. Inside, you'll find easy information and tools to help you and your caregivers understand your COPD and manage it with confidence.





# UNDERSTANDING COPD

COPD is a chronic lung condition for diseases such as emphysema and chronic bronchitis. People with this disease often get out of breath. Some people with COPD also get very tired and have a chronic cough with or without mucus. COPD is (currently) an incurable disease, but with the right diagnosis and treatment, there are many things you can do to breathe better and enjoy life and live for many years.

**Chronic** – this means that the disease lasts a long time and is always present. While the symptoms may take years to develop and the severity may differ at times, there is still much you can do to slow the progress of the disease.

**Obstructive** – the ability to move air in and out of your lungs is blocked or obstructed. This is caused by swelling and extra mucus in the tubes of the lungs (airways) which carry air in and out.

**Pulmonary** – this means that the disease is located in your lungs.

**Disease** – your lungs have some damage. But even though a cure hasn't been found yet, your symptoms can be treated.





## Stages of COPD

**Mild** – you might have some symptoms like being out of breath easily.

**Moderate** – You might have more symptoms like being out of breath more of the time.

**Severe** – You might have daily symptoms. This is when most people notice they have COPD and see their doctor because they have a hard time getting through the day.

**Very severe** – Everyday activities are very hard to complete. You might need oxygen to get through your days.

### Learn More

## COPD Symptoms

- Shortness of breath
- A frequent cough with or without mucus
- Wheezing (a whistling sound when you breathe in or out)
- Chest tightness
- Early Diagnosis/Warning Signs of COPD

Some people might take small steps that change their lives and not even notice. They might stop taking the stairs, or park closer to the store, or stop going to events with family because of their breathing.

Read more [here](#) to learn about noticing these small changes and how to talk to your doctor about them.



How will the disease start and how does it progress?

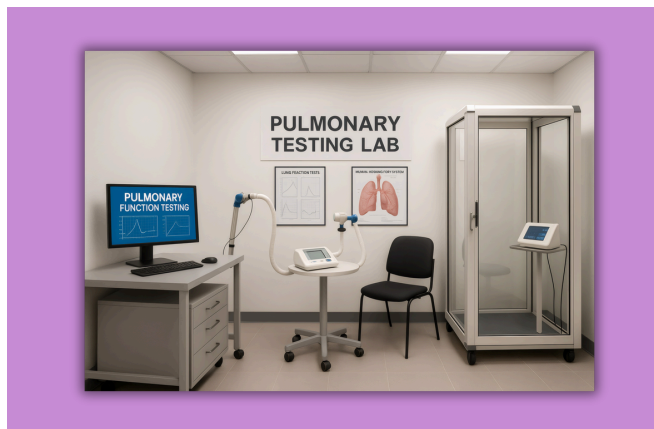






# DIAGNOSIS OF COPD

Learning you have COPD can be scary, but it's something you can manage. COPD may cause breathing problems, coughing, or low energy, but with the right medicines, lifestyle changes, and support from your care team, you can improve your breathing and stay active.



- **Primary Care Doctor:** This doctor is the doctor you see regularly for visits such as your yearly physical and the doctor you call when you have any concerns about your health.
- **Pulmonologist:** A doctor who treats lung disease. Specialists like Pulmonologists are specially trained to work with COPD. They will do different tests like a breathing test (spirometry or pulmonary function test), blood tests, X-Rays or other images that will help them decide how to manage your COPD.

## Prepare for your visit:

- Write down your symptoms, medications, and questions.
- Bring your inhalers or medication list.
- Use our Patient Checklist.

What happens  
when I am  
diagnosed with  
COPD?





# COPD MEDICATIONS

**Finding the right COPD medicine can take time. Here are some types of medicines your doctor may talk about:**

- **Long-acting medications:** (medicines like Ellipta or Symbicort) it has to be taken every day to work right. It keeps breathing tubes open and reduces swelling and COPD flares.
- **Quick reliever/rescue:** (medicines like Albuterol) used when breathing gets bad so air can get in and out of the lungs quickly.
- **Steroids:** (medicines like prednisone or dexamethasone) Steroid pills or syrups take away swelling very fast in your breathing tubes when your breathing gets really bad. They work very fast to help breathing return to normal. They should not be taken regularly unless your doctor tells you to do so.

## Tools



[Learn more about COPD medications](#)



[Inhaler Education Toolkit](#)



[YouTube - How to use your inhalers](#)



# MANAGING COPD

These tools may help manage your breathing and help you and your doctor work together to make a plan to prevent your breathing from getting worse.

A **COPD action plan** is a personalized plan you make with your doctor. It helps you understand your daily treatment, how to recognize when symptoms are getting worse, and what actions to take to stay safe and breathe easier.

[Download](#)

## Patient Checklist

[Download](#)

## COPD Foundation Oxygen Therapy Basics



[Download](#)





# COPD TRIGGERS

## Avoid COPD Triggers

A COPD trigger is a thing, activity or condition that makes your COPD worse. Understanding which triggers make your COPD worse, then creating a plan to reduce or avoid these triggers are an important step toward COPD control. You can work with your healthcare provider to recognize, reduce or avoid these triggers.

Each person may have different triggers; smoke, strong odors, dust, weather, pollen, air pollution, chemicals, and lung illnesses are a few common ones. Your COPD Action Plan should include the COPD triggers that you should avoid.

## Know the Signs

You will want to recognize how you feel on a “normal” day or how you feel when your COPD is under control. When you know how you feel on a “good” day, you may be able to recognize when your COPD is getting worse.

A COPD exacerbation or flare up is a sudden worsening of symptoms. These signs or symptoms are worse than your normal symptoms and may last 2 days or more, may get worse and do not go away. You may be able to manage flare ups with medicine and rest. However, flare ups or exacerbations may also be serious, and you may need medical attention.

### Common signs of COPD exacerbation or flare up:

- More coughing
- Changes to the sputum (mucus or phlegm) you cough up which may include color, thickness, or amount
- Difficulty sleeping
- Shorter of breath or having a hard time taking a deep breath
- Wheezing or noisy breathing
- More fatigue or tiredness

What if I've been  
exposed to  
triggers at work?





# LIVING WELL WITH COPD

## MAINTAINING HEALTH

This resource from the COPD Foundation shares simple tips to help you live well with COPD. It covers healthy habits like avoiding smoke, staying active, eating well, taking your medicines correctly, and protecting yourself from illness. It also highlights useful tools and support to help you manage symptoms, prevent flare-ups, and feel your best each day.

[LEARN MORE](#)



## QUITTING SMOKING

Quitting smoking is one of the most important things you can do for your COPD. Smoke damages your lungs, makes symptoms worse, and can speed up how quickly COPD gets worse. When you quit, your breathing may improve, flare-ups become less frequent, and you can better manage your COPD over time. Reminder – vaping is not a substitute for smoking. Learn more by watching [this video](#).

[LEARN MORE](#)

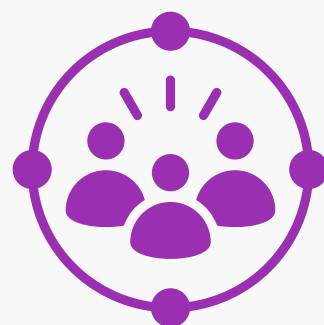


## FINDING COMMUNITY

Finding a community when you have COPD can help you feel supported and less alone. Connecting with others who understand your experience can reduce stress, boost confidence, and give you helpful tips for managing symptoms. Community support can make living with COPD easier.

### Support Groups

- [American Lung Association](#)
- [COPD 360 Foundation](#)
- [My COPD Team](#)





# PULMONARY REHABILITATION

Pulmonary rehabilitation is a program that teaches you how to breathe easier, build strength, and stay active with COPD. It includes exercise, education, and support from healthcare professionals who help you learn how to manage symptoms and improve your daily quality of life. Many people find they can do more and feel better after completing pulmonary rehab.

## How can pulmonary rehab help you?

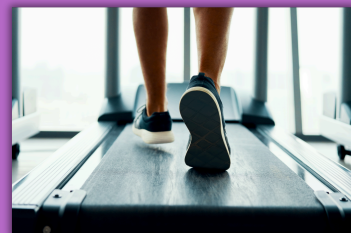
When you join a PR program, a team of experts — including doctors, nurses, respiratory therapists, exercise specialists, physical therapists, nutritionists, and sometimes mental-health professionals — works with you to build a plan just for you.

That plan can help:

- Reduce COPD symptoms like breathlessness and coughing.
- Improve your ability to exercise and do everyday activities (walk better, climb stairs, do chores, enjoy hobbies).
- Improve your overall physical strength, stamina, and energy.
- Help you manage your emotional health — dealing with stress, anxiety, or depression that can come with living with COPD.
- Reduce hospital visits and flare-ups for many people who complete the program.

## TOOLS

- [Pulmonary Rehabilitation Location Finder](#)
- [Learn About Pulmonary Rehabilitation - Video](#)
- [Pulmonary Rehab - Handout](#)
- [What to do if pulmonary rehab isn't available](#)



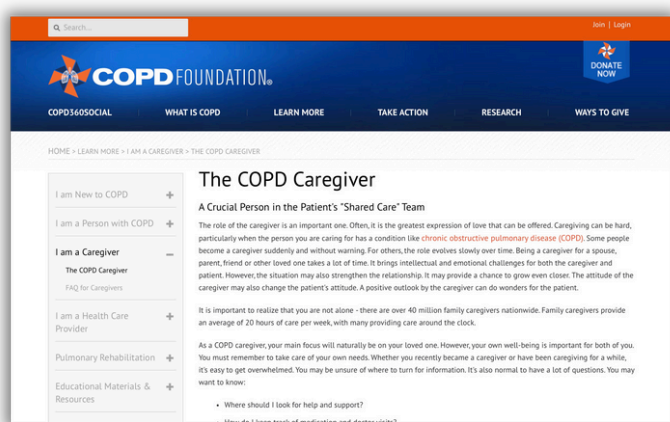




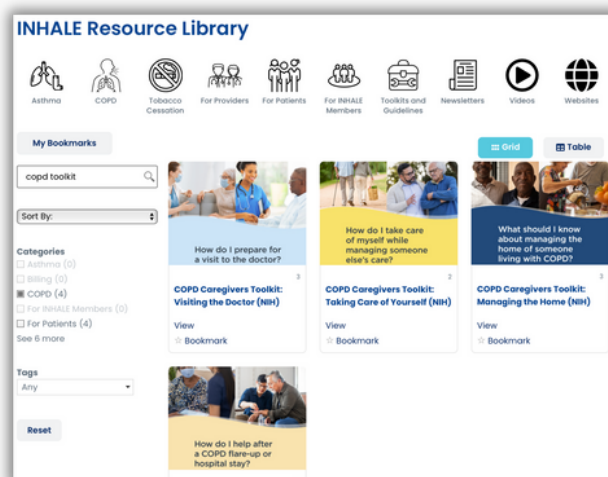
# CAREGIVER RESOURCES

Caregivers play a key role in helping someone with COPD stay healthy and supported. Resources like education, support groups, care tips, and planning tools can help caregivers feel confident, prepared, and less alone in their journey

## COPD FOUNDATION CAREGIVER TOOLKIT

[READ MORE >](#)

## NIH CAREGIVER TOOLKITS

[READ MORE >](#)

## FINDING COMMUNITY

Finding a community when someone you love has COPD can help you both feel supported and less alone. Connecting with others who understand both of your experiences can reduce stress, boost confidence, and give you both helpful tips for managing symptoms. Community support can make living with and caring for those with COPD easier.

### Support Groups

- [American Lung Association](#)
- [COPD 360 Foundation](#)
- [My COPD Team](#)



# MEDICATION ASSISTANCE

If you're having trouble affording your COPD medications, you're not alone. Many patients benefit from savings programs, generics, insurance options, or community resources that can help lower costs. Talk with your healthcare team so you don't have to skip doses or go without the medicines that keep you breathing well.

What should I do if I can't afford my medicine or devices? Click on the links below to learn more:

- [Affording inhalers](#)
- [What do I do if my medication isn't available but I need it right away?](#)

Help with other health concerns and transportation to appointments:

- [Michigan 211](#)





# WORDS & DEFINITIONS

- **Action Plan** – a plan you create with your doctor for what makes your COPD worse and what to do when it gets hard to breathe.
- **COPD** – Chronic Obstructive Pulmonary Disease: a chronic lung condition for diseases such as emphysema and chronic bronchitis. People with this disease often get out of breath
- **Device** – a tool like an inhaler that will be used to deliver the medicine you will take.
- **Exacerbation or trigger** – each person will have different things that make their COPD worse. It could be food, smoke, allergies, animals, or other triggers like a common cold. It is important you know what your flares/triggers are and ways to control them.
- **INHALE** – Inspiring Health Advances in Lung Care (INHALE) is a Collaborative Quality Initiative (CQI) that is funded by Blue Cross Blue Shield of Michigan. INHALE helps improve the health of adults and children with asthma and COPD. You can find resources and information at our website, [inhalecqi.org](http://inhalecqi.org).
- **Inhaler** – a device that delivers medicine into the lungs.
- **Long-term controller** – Long-term Controller medicines must be taken every day to work right. They keep your breathing tubes from swelling and get rid of COPD symptoms. Using them regularly as prescribed will decrease your risk of having a flare-up. You should always brush your teeth and rinse your mouth out after using the medicine. Some common Long-term Controller Medicines are: Fluticasone (Flovent), Budesonide (Pulmicort), Fluticasone propionate and salmeterol (Advair), Montelukast (Singulair).
- **Pulmonary Rehabilitation** – a physical therapy program that helps patients with lung conditions improve their breathing.
- **Primary Care Doctor** – this doctor is the doctor you see regularly for visits such as your yearly physical and the doctor you call when you have any concerns about your health.
- **Pulmonologist** – a doctor that treats the lungs.
- **Quick Reliever/Rescue** – used when breathing gets bad so air can get in and out of the lungs. Common quick reliever medications are: Albuterol, levabuterol, pirbuterol.
- **Steroids** (also known as oral corticosteroids) – medicines like prednisolone or dexamethasone that work very fast to make breathing normal. They should not be taken all the time, only when breathing gets really bad. Common oral corticosteroids are: prednisone, prednisolone, dexamethasone.
- **Supplemental Oxygen** – oxygen fuels all your body's cells. If your breathing is causing low oxygen levels, your doctor may prescribe oxygen delivered through a device to increase your body's oxygen levels.





# THANK YOU

We hope this toolkit helps you understand your COPD and feel more confident managing it. Remember, you are not alone—your healthcare team, family, and community are here to support you. With the right tools, a clear plan, and good communication with your providers, you can take control of your COPD and breathe easier every day.



**INHALE**  
Inspiring Health Advances in Lung Care