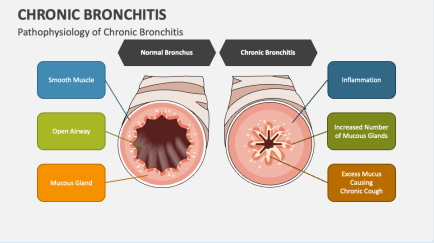
Cheatography

# COPD Cheat Sheet

by Michellephillips02 via cheatography.com/214485/cs/46720/

## Chronic Brochitis




## Chronic Bronchitis

*blue bloater*

**Hypersecretion of mucus** and chronic (3/12+, 2 consecutive years) **productive cough**

**S/S:** inflammation, bronchial oedema, ↑s in size and number of mucous glands, mild dyspnoea, wheezing, Cyanosis (blue discolouration), hyperventilation, stocky build

**Causes:** smoking & air pollution

## NIS

***Low BMI and low fat-free mass is associated with worse outcomes***

Discomfort when eating – getting breathless easily

Difficulty chewing and finishing meals as it requires effort

Hyperinflation of lungs causing pressure on the stomach

loss of appetite induced by drugs

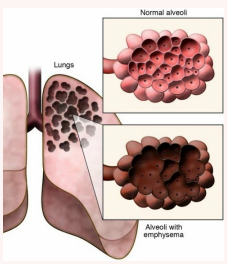
Excessive energy expenditure (coughing, inflammation)

Early satiety, reduced appetite

## Nut Reqs

COPD (exacerbation): 125-145kJ, 1.2-1.5g P(Handbook)

## Emphysema




## Emphysema

*pink puffer*

Permanent enlargement of gas exchange airways, and **destruction of alveolar walls**.

**S/S:** : ↑ smooth muscle thickening = narrowing airways, ↓ alveoli elasticity, severe dyspnoea, wheezing, barrel chest, thin build, pursed-lip breathing, weight loss, laboured breathing

**Causes:** smoking, air pollution and childhood respiratory infections

## Intervention

Screen malnutrition - MST

Prevent and treat malnutrition - ONS, HEHP liquids, mid meal snacks etc

Weight gain in underweight pts

Prevent muscle wasting: **P:** 1.2-1.5g/day

**Consider:** Oedema/HTN, medications (e.g. diuretics), ability to self-feed, cook and prepare meals, allergies/intolerances etc, swallowing function

**Refer:** meals on wheels, social worker

*May have fluid restrictions*

Vit C, E, Zinc & selenium: supp show benefits in quadricep strength & total serum P

## Strategies

## Corticosteroids

Inhaled to ↓ inflammation

**S/E:** Sore mouth, cough, altered electrolyte balance, ↑ appetite, weight gain, hyperglycaemia, hyperlipidaemia, poor wound healing

↓ the intestinal absorption of calcium and ↑ urinary excretion = bone reabsorption

## Example PESS

| | |
|---|---|
| P | Malnutrition, inadequate oral intake, inadequate protein energy intake, chronic disease-related malnutrition |
| E | ↑ resting energy expenditure secondary to the work of breathing and systemic inflammation |
| | tire easily when eating |
| | experience dyspnea during eating and drinking |

## Guidelines & References

Handbook p134

Chronic Obstructive Pulmonary Disease Clinical Care Standard (2024)

| |
|---|
| Avoid large meals. **6 or more smaller meals/day or more nutrient-dense meals** |
| Malnut: HPHE, ONS, enriched milk, fortified foods, mid-meal snacks etc |
| Wear oxygen when eating |
| Avoid drinking w/ meals |
| Use a straw = less effort |
| Soft foods that require less chewing |
| Stay upright ~20 mins after eating |
| Pre-prepared meals, frozen meals, bulk cooking, partner/family cook |
| Make sure they can open packets/reach their food |
| Avoid non-nutritious drinks: sugar-free drinks, black tea/coffee |
| Refer: "The Lung Foundation Australia's Lungs in Action program" |
| Rest (15-20 mins) before meal times |
| Limit foods that can cause bloating, e.g. beans, onions, cauliflower, soft drinks |

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