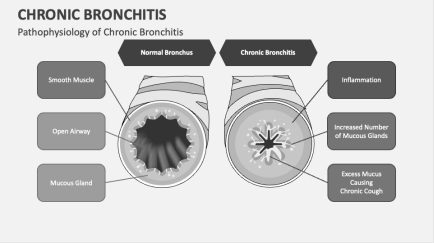
Cheatography

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

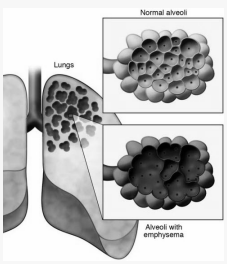
Excessive energy expenditure (coughing, inflammation)

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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