

# Hospital to Home

Your Hospital Experience and Transition Home

EXIT



**COPD**  
FOUNDATION

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## COPD IN THE HOSPITAL AND THE TRANSITION BACK HOME



People with COPD sometimes have flare-ups (exacerbations) that require a trip to the hospital. While it is not possible to prevent all COPD flare-ups, people with COPD can take steps to improve their chances of preventing them. Even if you cannot stop one completely, these flare-ups can be caught early so they aren't as serious.

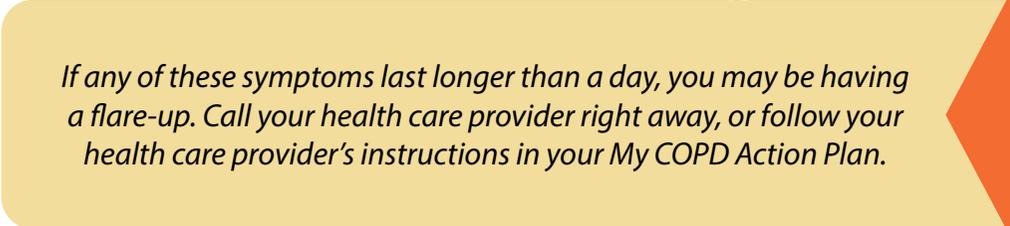
In this guide, you will learn more about hospital stays and discover some helpful tips for when you go home from the hospital. This will help you to stay as healthy as possible and possibly avoid future hospital stays.



## MANAGING COPD EXACERBATIONS OR FLARE-UPS

The first step in treating a COPD flare-up is watching for small changes in your symptoms. Warning signs of the flare-up can be different for each person. It is important to tell the difference between a “bad day” and a possible exacerbation. It is also important to remember that the quicker you recognize changes from your “normal” breathing, the quicker you and your health care provider can treat it. Some common symptoms of a COPD flare-up include:

- Feeling more breathless than usual
- Waking up short of breath at night
- Feeling like your rescue medication isn't helping
- Using rescue medication more often
- A change in the color, smell, thickness, or amount of your mucus
- More coughing than usual



*If any of these symptoms last longer than a day, you may be having a flare-up. Call your health care provider right away, or follow your health care provider's instructions in your My COPD Action Plan.*



## IF YOU NEED <sup>TO GO</sup> TO THE HOSPITAL:

If you need to go to the hospital for treatment, be sure to bring:

- An up-to-date list of all your medicines, including over-the-counter medications, vitamins, and supplements.
- A list of your allergies, including medication allergies.
- The name and contact number of someone who could help with any decisions, if needed.
- A copy of your “living will” and/or medical power of attorney.
- Insurance information.

## AT THE **EMERGENCY DEPARTMENT** (ALSO CALLED THE ED OR ER):

A hospital stay often starts with a visit to the emergency room. The emergency department, sometimes called the ER, is a busy place, treating people with medical problems of all kinds. In the ER, very sick or seriously injured patients are often treated before more stable patients. It is frustrating to wait for treatment when you’re not feeling well, but know your turn will come.

## BEING ADMITTED TO THE **HOSPITAL:**

If your condition does not improve enough with treatment in the ER, you may have to stay in the hospital overnight. While you are admitted to the hospital, you might not see your primary health care provider. You may be treated by a “hospitalist” instead. These providers specialize in treating patients admitted to the hospital.



## Treatment in the Hospital

There are many different treatments for COPD in the hospital setting. Here, people with COPD often receive breathing treatments with a nebulizer or inhaler. These medications open up your lungs and help you to breathe easier.

If your lungs are congested, you may be told to start deep breathing exercises. These can help you to cough up mucus. You may also receive chest physiotherapy (CPT) to help break up the mucus in your lungs. In this treatment, the respiratory therapist has you lie down in different positions while tapping on your chest or back. It is not painful; in fact, many people enjoy it!

*Another helpful tool for breaking up mucus is an airway clearance device. When you blow into these devices, they create vibrations inside your lungs so you can cough mucus out more easily.*



## Medications and Side Effects

Other common COPD treatments include oxygen, antibiotics, corticosteroids, or fluids. These treatments are helpful but can sometimes cause side effects.

**Steroids:** These medications reduce inflammation. They can raise your blood pressure or blood sugar levels.

**Bronchodilators:** These medications help to open up your airways. They may make you jittery. Some may cause dry mouth and urinary problems.

**Antibiotics:** These medications are used to treat infections caused by bacteria. Using them can lead to stomach and digestive problems.

# INTENSIVE CARE UNIT (ICU) AND THE STEP-DOWN UNIT

Some COPD exacerbations are more severe and may require a stay in the intensive care unit (ICU). This area of the hospital offers closer monitoring and more specialized care. You will also be checked by your health care team more frequently. Then, once you improve, you may be moved to a “step-down” unit. This unit offers less intensive monitoring and nursing care than in the ICU, but more than in a regular hospital room.

## HELPING YOU BREATHE

With a more severe COPD exacerbation, your body may need extra help to get enough oxygen and support your breathing. Here are some treatments that may help:

### Oxygen

Some COPD exacerbations cause the oxygen level in your blood to drop. When this happens, you may use supplemental (extra) oxygen to give your body the oxygen it needs.

Oxygen can be delivered to your lungs through a nasal cannula or through a face mask. A nasal cannula is small tubing that is placed in your nose. Your health care team will help decide which form of oxygen delivery is best for you.

If you already use oxygen at home, changes may be made to your oxygen prescription when you're ready to go home. You might need a higher flow of oxygen after your exacerbation. This is often temporary. Your health care provider will check your oxygen levels during your follow-up appointments and monitor your oxygen needs.



### Non-Invasive Ventilation (NIV)

If you are working too hard to breathe, and it doesn't get better with routine treatment, your hospitalist provider may suggest non-invasive ventilation. In this treatment, a snug mask is placed over your mouth and or nose. The mask is connected to a machine that pushes air into your lungs. It can help support your breathing effort and make it easier for you.



### Mechanical Ventilation

When you're working so hard to breathe that your body can't handle the stress, you may need mechanical ventilation. In this treatment, you are given medication to relax you and make you sleep. Then, a tube is placed into your lungs through your mouth or nose. The tube is then connected to a machine called a ventilator.

The ventilator can breathe for you, or it can support your own breathing. This gives your body a rest from working so hard to breathe on your own. In most cases the ventilator is used temporarily. The breathing tube can usually be removed within a few days. While this breathing tube is in place, you will not be able to talk or eat. During this time, a small tube may be placed through your nose into your stomach so you can get the nutrition and medicines you need.



*It is important to remember that mechanical ventilation is only used when absolutely necessary. You or the person you trust to make your medical decisions must agree to it.*

## Longer-Term Ventilation

If you are taking longer to recover, a decision may be made to take the breathing tube out of your nose or mouth to try a tracheostomy tube instead. A tracheostomy is when a small opening is made in the base of your neck and a short tube is inserted. Unlike a regular breathing tube, you may be able to talk and eat with this tube in place. The tracheostomy tube is often temporary and can be taken out once you are well enough. The opening in your neck will then heal and close.

## Ventilator Risks

Being on a ventilator has some risks. One is called ventilator-associated pneumonia or VAP. This means you could get pneumonia while on the breathing machine. VAP can be harder to treat than other pneumonias, requiring powerful antibiotics. Hospitals now have successful programs in place to decrease the chance of patients getting these infections.

## MAKING YOUR OWN DECISIONS

While you may not expect to be in a situation where you can't make medical decisions for yourself, it is always best to be prepared. Talk with your family about what kind of medical treatment you may want in case you can't speak for yourself. Choose a trusted friend or family member that will make sure that your wishes are respected and followed.

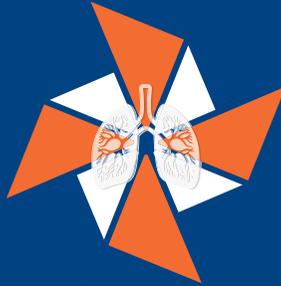
*For more information on this topic, see the COPD Foundation Guide to Better Living entitled "Advance Directives: Planning and Empowerment."*

## DISCHARGE FROM THE HOSPITAL

When it's time to be sent home from the hospital, your health care providers will give you lots of information, including:

- Changes to your home medication schedule.
    - Your medications may change or you may begin taking additional medications.
    - Be sure to finish your medications and take them as directed. Don't stop using them when you feel better. Also, make sure you fill any new prescriptions given to you while you were in the hospital so you continue to get better.
    - Make sure you know which breathing medications are for quick relief and which ones are for everyday (maintenance) use. If you aren't sure, ask your health care team.
  - Information about oxygen use, if needed.
  - What activity or exercise you can do, and what you should avoid doing.
  - Diet information.
  - What symptoms to watch for that might require medical help.
  - Breathing treatments and deep breathing exercises.
  - Home care services, if appropriate.
  - Pulmonary rehabilitation program information.
  - How to quit smoking if you are a smoker.
- When to follow up with your doctor.
    - Be sure to go to your follow-up appointments. It is recommended that you see your own health care provider within one week after discharge.
    - Bring a list of all of your medications (old and new) and any documents from your emergency room visit or hospital stay.





# COPD

## FOUNDATION

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[www.copdfoundation.org](http://www.copdfoundation.org)

COPD360 Community Support Line:  
1-866-316-COPD (2673)

Bronchiectasis and NTM Information Line:  
1-833-411-LUNG (5864)

This guide has been reviewed by members of the  
COPD Foundation Guides for Better Living Review Team