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PLUME 

# THE COPD\* MEDICAL DIARY

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## 365 DAYS OF BETTER BREATHING

YOUR PERSONAL, DAY-BY-DAY  
MEDICAL RECORD SYSTEM—AN IMPORTANT,  
PRACTICAL AID FOR LIVING WITH  
ASTHMA, CHRONIC BRONCHITIS, OR EMPHYSEMA.

\*COPD stands for Chronic Obstructive Pulmonary Disease

**B. D. COLEN**

# THE COPD MEDICAL DIARY

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**365 DAYS OF  
BETTER BREATHING**

**B.D. COLEN**

Medical writer  
Newsday  
Long Island, New York



A PLUME BOOK

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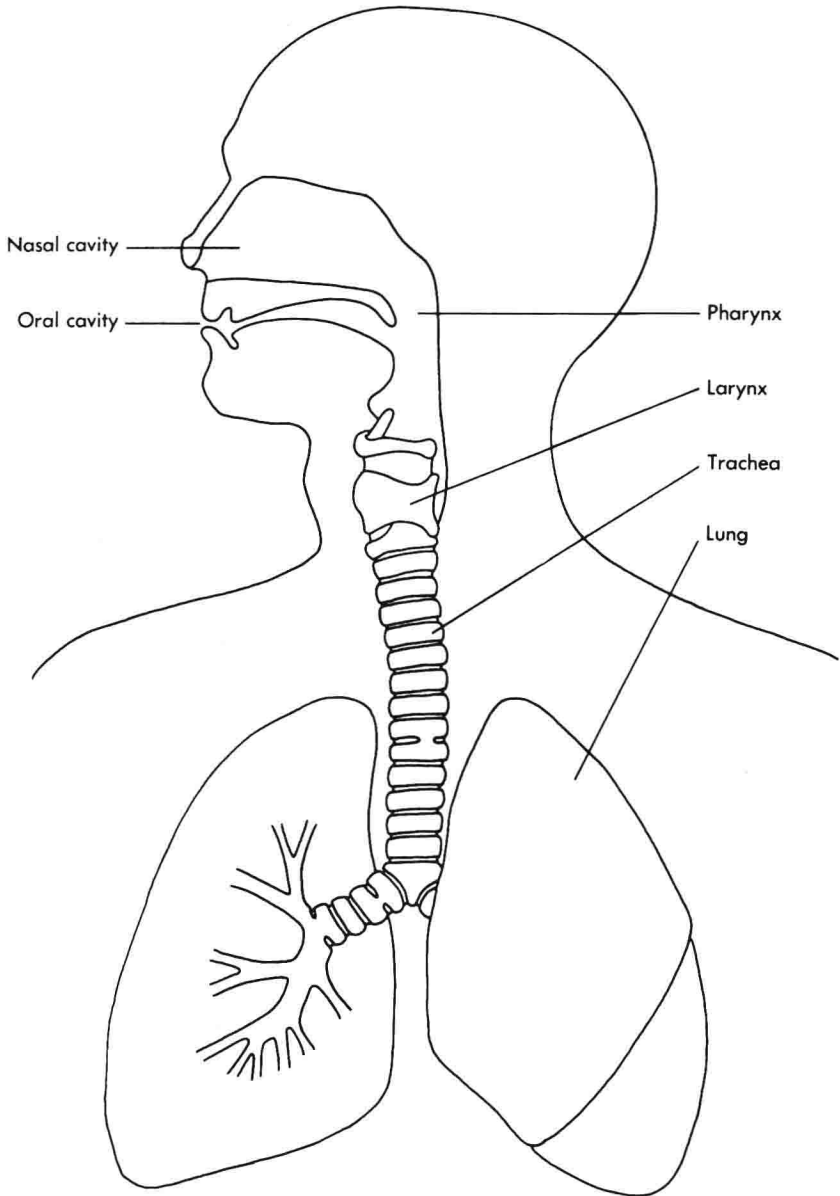
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The respiratory tract consists of the nasal cavity, oral cavity, pharynx, larynx, trachea, and lung. The larynx divides the system into the upper and lower respiratory tract. From Moser, K., and Spragg, R.: Respiratory emergencies, ed. 2, St. Louis, 1982, The C.V. Mosby Co.

**. . . for Benjamin, Alicia, and Nicholas  
and for Sara  
who made them possible . . .**

# Introduction

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Persons with chronic diseases can generally be divided into three categories: those who can cope, those who can't cope, and those who won't cope. The first group is made up of the fighters—those people who have decided they will live with their disease, remaining as active as they can, doing what they can to control the disease process. The second group consists of individuals who are truly incapacitated by their disease and are forced to live severely limited lives. The third group is made up of those persons who could cope and lead relatively normal lives if they chose to, but who choose instead to think of themselves as invalids, allowing their disease to control their lives.

By purchasing a copy of *The COPD Medical Diary* you have shown yourself to be a member of the first group, those who can cope. You have refused to allow your disease to set the course of your life. You may have any one of the three diseases generally included under the heading of chronic obstructive pulmonary disease (COPD)—asthma, chronic bronchitis, and emphysema. But whichever disease you have, and whatever its severity, you have chosen to control your disease rather than allow the disease to control you.

You are the real author of this book. Decide what information it will contain. You will record that information on the diary pages. You and you alone will determine whether it is simply a gimmick or an invaluable aid to you and the health care professionals on your treatment team. Faithfully maintaining this diary, filling it with the recommended information, will help you to be an informed, active consumer of health care services, a partner with your physician and the other health care professionals who provide your care.

Before we get to the use of the diary pages we should briefly review the basics of your condition. While you could skip the sections that do not pertain to you directly, you would do well to read them. For one thing, the three diseases included under the umbrella of COPD have one common denominator: airway obstruction. For another, while you may now suffer from chronic bronchitis, patients with this disease are far more likely to develop or have components of other pulmonary diseases, such as emphysema, than the average individual. Finally, all three diseases share similar treatment regimens designed to prevent exacerbation of symptoms, infection, and bronchospasm. So read all the sections and understand all three disease processes.

As you probably know, a *chronic* disease is one with which you live over a long period of time, as opposed to an *acute* condition, such as influenza. *Pulmonary diseases* are diseases of the lungs and the bronchial system, the tubes or passages that carry oxygen-bearing air into the lungs and exhaust gases, primarily carbon dioxide, from the lungs. An *obstructive* pulmonary disease is a disease that interferes with the free exchange of air in and out of your pulmonary system, and thence interferes with the ability of your lungs to provide oxygen, one of the body's principal, irreplaceable

fuels, to your tissues and such vital organs as your heart and brain.

Put at its simplest, your lungs are a set of complex bellows, operated at the direction of your autonomic, or automatic, nervous system. You may think to take a deep breath, or hold your breath, but the basic pumping of your lungs goes on 24 hours a day, day after day, without your giving it a thought. Air is carried into and out of the bellows by your windpipe, or trachea, which connects to a system of air tubes, the bronchi, inside the lungs. All the blood vessels carrying blood into the lungs, and bronchi carrying air, eventually end in some 300 million balloonlike structures called alveoli. It is in these air sacs that the vital exchange of oxygen and blood occurs. Anything that interferes with this exchange can affect your entire body and the way you do or do not function on a daily basis.

*Chronic bronchitis* is a COPD that many patients at first write off as “just a cough.” An ordinary cough, however, is something you get once in a long while as part of some other disease process. The very definition of chronic bronchitis is the production of sputum, mucus from the lungs, every day for three months for two or more consecutive years. The condition results from your bronchi becoming chronically swollen and inflamed. The inflammation and swelling reduce the interior diameter of these breathing tubes, making it harder for your lungs to move air in and out, a problem you perceive as difficult breathing. You also produce excess mucus, which further impedes breathing, and you become more than usually susceptible to bacterial infections. Repeated inflammation and infection can cause permanent damage to the bronchial tubes, usually in the form of scarring. This leads to a vicious cycle in which infection leads to damage and damage makes you more likely to become infected, and so on.

There are no specific treatments for chronic bronchitis. You may be given antibiotics for the bacterial infections, and some physicians keep their patients on a rotating cycle of different antibiotics during the months of bronchitis. Many physicians also want their chronic bronchitis patients to have influenza shots and even pneumonia vaccine to protect them against flu and pneumonia, both of which are particularly serious problems in individuals with limited pulmonary capacity.

*Asthma* might best be described as a condition in which the pulmonary system is overly sensitive to outside stimulation. In an asthmatic patient, the muscles that line the bronchial tubes are sent into spasm, uncontrolled contractions, by some irritant. That irritant can be almost anything, from cigarette smoke to pollen to animal dander to cold air. *Asthmatic attacks*, or spasms, may even be brought on by psychological factors, particularly stressful events.

A major asthmatic attack can be a terrifying event, particularly the first time it occurs. As the bronchial tubes begin to close down, the patient experiences shortness of breath, which we have all felt at one time or another. But unlike the feeling we experience after we finish a hard run, where we initially gasp and then return to a regular breathing pattern, the asthmatic patient goes from being short of breath to wheezing, and that can continue on to a feeling of being choked, of having all air cut off.

As is the case with the other COPDs, researchers do not yet know what causes asthma. They know that it, like chronic bronchitis and emphysema, can be made worse by air pollution and other synthetic and natural substances entering the bron-

chial tubes. There is only one thing, however, than can be said with absolute certainty: SMOKING WILL MAKE ANY OF THESE CONDITIONS WORSE AND WILL TRIGGER ATTACKS IN ALL THREE. SMOKING IS NOT ONLY HARMFUL TO THE HEALTH OF A PERSON WITH COPD, IT MAY WELL PROVE FATAL.

Unfortunately, there is no cure for asthma. There are only medications designed to prevent, or lessen the effect of, asthmatic attacks. Some patients are given cromolyn sodium on a regular basis to prevent attacks. Almost all asthmatic patients are familiar with bronchodilators, drugs that cause the muscles of the bronchi to relax and thus allow the resumption of the free flow of air.

*Emphysema* is by far the most serious of the three diseases included in the COPD category. But even though emphysema is a deteriorative condition, it may stabilize, and some degree of reversibility may be possible. However, generally, emphysema is a constant companion, often life-limiting and life-threatening—a condition that must be constantly dealt with.

As is the case with the other two conditions, there is no known single cause of emphysema, although it is a disease *clearly associated with cigarette smoking*. Emphysema is a deterioration of the alveoli, the minute balloons that must freely expand and contract for the life-supporting exchange of blood and oxygen to occur. In the patient with emphysema these tiny sacs lose their elasticity, and thus the patient must physically work to breathe, consciously inflating and deflating the lungs. As more alveoli deteriorate, breathing becomes harder, and the patient must work harder. Needless to say, this effort to breathe puts additional stress on the bronchi, and the smaller breathing tubes have a tendency to collapse. This collapse in turn makes it more difficult for the patient to clear secretions, mucus, from the lungs, and thus the emphysema patient becomes more likely to develop a pulmonary infection, which exacerbates the entire process.

The emphysema patient may be given a number of drugs, all designed to either ease the process of breathing or ward off infection. Additionally, the emphysema patient may take oxygen because he is unable to breathe well enough to make efficient use of the oxygen in room air.

Where does *The COPD Medical Diary* fit into all this? In a very central position. No matter which condition you have, *The COPD Diary* will enable you to keep track of your medication use, particularly alerting you and your physician to the possibility that you are taking drugs that may dangerously interact with one another. It will allow you to keep track of the amount of exercise you get each day—often the patient's perception of level of exercise and the physician's perception are quite different. It will enable you to monitor your diet; there are certain foods and food additives that can trigger asthmatic attacks, and some physicians believe it is important for patients with emphysema to watch their diets closely. And it will enable you to keep track of your oxygen use, any tests or specific exercises required by your physician, and your general health. As you will note, the diary pages are designed to allow you to make the following entries:

- Doses of medication taken and the time you took each dose. This should include *all medications*, including aspirin and other over-the-counter medications, not just those prescribed for your condition.



- The type and duration of exercise you engaged in and the length of time you devoted to the exercise. Do not be too literal here. If you climb several flights of stairs during your day, record that—it's not only exercise, it's *good* exercise. If you help a neighbor move a couch, note it.
- The type and amount of the foods you eat in a day. You should talk to your physician about this section, as he or she may or may not consider recording the information necessary and helpful, depending on which condition you have.
- Oxygen consumption. If you are required to use extra oxygen, note the time of day you use it and the duration, or length of time, of use. Also note whether you feel the same, better, or worse after taking the oxygen.
- Your state of health. If you have any illnesses or physical problems on a given day you should make a record of them. If you have a cold, for instance, make a note of it. And if you just don't feel up to par, record that. If you have a particularly good day, when you really feel terrific, you should also make a note of that. You should also record any change in your physical condition. If, for instance, you have chronic bronchitis and produce an increased amount of sputum on a given day, make a note of it.

Why are you going to go to the trouble of recording all this information? The answer is simple: By keeping track of these details of your medical life you will become your physician's active partner in treating your COPD. You will be providing detailed, accurate information that may not only help your physician provide the best treatment for you, but may also aid in treating other patients with similar conditions.

**B.D. Colen**

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**MONDAY**

BREAKFAST	LUNCH	DINNER

**DAILY WEIGHT:****FLUID INTAKE:****MEDICATION (Dosage and time):**

	MORNING	NOON	EVENING	BEDTIME
BRONCHODILATOR				
INHALER				
ANTIBIOTIC				
OXYGEN				
OTHER				

**PHYSICAL THERAPY:****POSTURAL DRAINAGE:****CHARACTER OF SPUTUM:****PERCUSSION:****EXERCISE (Type, duration, effect):****COMMENTS ON HEALTH:**


**TUESDAY**

BREAKFAST	LUNCH	DINNER

**DAILY WEIGHT:****FLUID INTAKE:****MEDICATION (Dosage and time):**

	MORNING	NOON	EVENING	BEDTIME
BRONCHODILATOR				
INHALER				
ANTIBIOTIC				
OXYGEN				
OTHER				

**PHYSICAL THERAPY:****POSTURAL DRAINAGE:****CHARACTER OF SPUTUM:****PERCUSSION:****EXERCISE (Type, duration, effect):****COMMENTS ON HEALTH:**


**WEDNESDAY**

BREAKFAST	LUNCH	DINNER

DAILY WEIGHT:

FLUID INTAKE:

MEDICATION (Dosage and time):

	MORNING	NOON	EVENING	BEDTIME
BRONCHODILATOR				
INHALER				
ANTIBIOTIC				
OXYGEN				
OTHER				

PHYSICAL THERAPY:

POSTURAL DRAINAGE:

CHARACTER OF SPUTUM:

PERCUSSION:

EXERCISE (Type, duration, effect):

COMMENTS ON HEALTH:


**THURSDAY**

BREAKFAST	LUNCH	DINNER

DAILY WEIGHT:

FLUID INTAKE:

MEDICATION (Dosage and time):

	MORNING	NOON	EVENING	BEDTIME
BRONCHODILATOR				
INHALER				
ANTIBIOTIC				
OXYGEN				
OTHER				

PHYSICAL THERAPY:

POSTURAL DRAINAGE:

CHARACTER OF SPUTUM:

PERCUSSION:

EXERCISE (Type, duration, effect):

COMMENTS ON HEALTH:


**FRIDAY**

BREAKFAST	LUNCH	DINNER

DAILY WEIGHT:

FLUID INTAKE:

MEDICATION (Dosage and time):

	MORNING	NOON	EVENING	BEDTIME
BRONCHODILATOR				
INHALER				
ANTIBIOTIC				
OXYGEN				
OTHER				

PHYSICAL THERAPY:

POSTURAL DRAINAGE:

CHARACTER OF SPUTUM:

PERCUSSION:

EXERCISE (Type, duration, effect):

COMMENTS ON HEALTH:


**SATURDAY**

BREAKFAST	LUNCH	DINNER

DAILY WEIGHT:

FLUID INTAKE:

MEDICATION (Dosage and time):

	MORNING	NOON	EVENING	BEDTIME
BRONCHODILATOR				
INHALER				
ANTIBIOTIC				
OXYGEN				
OTHER				

PHYSICAL THERAPY:

POSTURAL DRAINAGE:

CHARACTER OF SPUTUM:

PERCUSSION:

EXERCISE (Type, duration, effect):

COMMENTS ON HEALTH:


**SUNDAY**

BREAKFAST	LUNCH	DINNER

DAILY WEIGHT:

FLUID INTAKE:

MEDICATION (Dosage and time):

	MORNING	NOON	EVENING	BEDTIME
BRONCHODILATOR				
INHALER				
ANTIBIOTIC				
OXYGEN				
OTHER				

PHYSICAL THERAPY:

POSTURAL DRAINAGE:

CHARACTER OF SPUTUM:

PERCUSSION:

EXERCISE (Type, duration, effect):

COMMENTS ON HEALTH:


**MONDAY**

BREAKFAST	LUNCH	DINNER

DAILY WEIGHT:

FLUID INTAKE:

MEDICATION (Dosage and time):

	MORNING	NOON	EVENING	BEDTIME
BRONCHODILATOR				
INHALER				
ANTIBIOTIC				
OXYGEN				
OTHER				

PHYSICAL THERAPY:

POSTURAL DRAINAGE:

CHARACTER OF SPUTUM:

PERCUSSION:

EXERCISE (Type, duration, effect):

COMMENTS ON HEALTH:


**TUESDAY**

BREAKFAST	LUNCH	DINNER

DAILY WEIGHT:

FLUID INTAKE:

MEDICATION (Dosage and time):

	MORNING	NOON	EVENING	BEDTIME
BRONCHODILATOR				
INHALER				
ANTIBIOTIC				
OXYGEN				
OTHER				

PHYSICAL THERAPY:

POSTURAL DRAINAGE:

CHARACTER OF SPUTUM:

PERCUSSION:

EXERCISE (Type, duration, effect):

COMMENTS ON HEALTH:


**WEDNESDAY**

BREAKFAST	LUNCH	DINNER

DAILY WEIGHT:

FLUID INTAKE:

MEDICATION (Dosage and time):

	MORNING	NOON	EVENING	BEDTIME
BRONCHODILATOR				
INHALER				
ANTIBIOTIC				
OXYGEN				
OTHER				

PHYSICAL THERAPY:

POSTURAL DRAINAGE:

CHARACTER OF SPUTUM:

PERCUSSION:

EXERCISE (Type, duration, effect):

COMMENTS ON HEALTH:


**THURSDAY**

BREAKFAST	LUNCH	DINNER

DAILY WEIGHT:

FLUID INTAKE:

MEDICATION (Dosage and time):

	MORNING	NOON	EVENING	BEDTIME
BRONCHODILATOR				
INHALER				
ANTIBIOTIC				
OXYGEN				
OTHER				

PHYSICAL THERAPY:

POSTURAL DRAINAGE:

CHARACTER OF SPUTUM:

PERCUSSION:

EXERCISE (Type, duration, effect):

COMMENTS ON HEALTH:


**FRIDAY**

BREAKFAST	LUNCH	DINNER

DAILY WEIGHT:

FLUID INTAKE:

MEDICATION (Dosage and time):

	MORNING	NOON	EVENING	BEDTIME
BRONCHODILATOR				
INHALER				
ANTIBIOTIC				
OXYGEN				
OTHER				

PHYSICAL THERAPY:

POSTURAL DRAINAGE:

CHARACTER OF SPUTUM:

PERCUSSION:

EXERCISE (Type, duration, effect):

COMMENTS ON HEALTH:




**SATURDAY**

BREAKFAST	LUNCH	DINNER

DAILY WEIGHT:

FLUID INTAKE:

MEDICATION (Dosage and time):

	MORNING	NOON	EVENING	BEDTIME
BRONCHODILATOR				
INHALER				
ANTIBIOTIC				
OXYGEN				
OTHER				

PHYSICAL THERAPY:

POSTURAL DRAINAGE:

CHARACTER OF SPUTUM:

PERCUSSION:

EXERCISE (Type, duration, effect):

COMMENTS ON HEALTH:


**SUNDAY**

BREAKFAST	LUNCH	DINNER

DAILY WEIGHT:

FLUID INTAKE:

MEDICATION (Dosage and time):

	MORNING	NOON	EVENING	BEDTIME
BRONCHODILATOR				
INHALER				
ANTIBIOTIC				
OXYGEN				
OTHER				

PHYSICAL THERAPY:

POSTURAL DRAINAGE:

CHARACTER OF SPUTUM:

PERCUSSION:

EXERCISE (Type, duration, effect):

COMMENTS ON HEALTH:
