

Chronic unable to get
oxygen, which will



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Chronic obstructive pulmonary disease (COPD) describes ongoing lung obstruction. Some diseases that are under COPD include emphysema, asthma, and chronic bronchitis. These diseases are from damaged air cells causing air to not flow easily through the lungs. This condition is illustrated by the patient losing his or her breath and coughing so much because it is very difficult for him/her to breathe. Symptoms of COPD include shortness of breath and coughing robustly. COPD is one of the leading causes of deaths worldwide. The most important risk factor for COPD is smoking cigarettes.

When a person smokes cigarettes, their lungs become swollen, causing less oxygen to reach the lungs and difficulty for the patient to breathe. The use of pipes, cigars, and other tobacco products is a risk factor for COPD since it will cause the lungs to become inflamed. Other risk factors are being around chemicals and dust particles at work, lung infections that are recurrent, and low weight at birth. The patient should be protected at the workplace if he/she works outside with these toxic particles by wearing a mask over their face.

COPD is described as chronic inflammation of the lung tissues and airways. Since the inflammation causes decreased oxygen flow to the tissues (hypoxia), the patient will experience breathing problems, which causes them to cough and have mucus production. Symptoms from the different lung diseases include barrel chest, cyanosis, and clubbing. There is no cure to the disease since the inflamed lungs cannot be reversed.

Surgery can be done if the breathing issue is extreme and it is causing complications by removing the damaged air cells. If the person continues to

be near these irritants, they will become fatigued and it can be very dangerous. Since they are working so hard to breathe and get oxygen in their lungs, they might one day be unable to get oxygen, which will result in death. There are many different classes of medications used to alleviate the symptoms, but they have not been proven to reduce the long-term weakening of the lung functions. To alleviate these symptoms, the patients may be given beta-adrenergic agonists, anticholinergics, corticosteroids, or methylxanthines. The purpose of these medications is to dilate the bronchioles to relieve bronchospasm, reduce obstruction in the airways, and to improve the alveolar ventilation. Oxygen delivery is also considered a prescription therapy that might help the patient since the patient is lacking oxygen because his/her lungs are inflamed. In advanced COPD, oxygen delivery for more than 15 hours a day has been shown to increase the quality of life and endurance.

When the patient is getting discharged, the patient and family members should be educated on how to relieve the symptoms and manage the patient's breathing issue. Some ways to educate the patient and family members is by telling them to avoid drastic weather changes and extreme temperatures of hot and cold. Another way is by avoiding environmental and occupational nuisances such as chemicals and dust particles. They should also be taught how to use their respiratory devices and how to correctly use the oxygen delivery systems. I have a patient who has a history of COPD due to long-term smoking for 25 years. As pharmacotherapy, she has been prescribed albuterol 2.5 mg and ipratropium bromide.

During discharge, the patient and family members were educated on smoking cessation and how to manage her COPD. Summary

COPD is characterized as the patient having a hard time breathing that cannot be reversed. Once the patient starts smoking, their lungs become inflamed and it becomes hard for oxygen to reach the lungs. There are several ways to relieve the symptoms such as oxygen delivery and medications. The patient and family members should be educated on avoiding irritants and tobacco products that can deteriorate the patient's breathing.