

# EXHALE ACADEMY CSE CHEAT SHEET #6

## COPD CONSERVATIVE MANAGEMENT

### RECOGNIZE COPD

- Long smoking history or chronic lung disease.
- Dyspnea, cough, wheezing, barrel chest, accessory muscles.
- Obstructive PFT pattern: low flow rates, low FEV1/FVC.
- Air trapping/hyperinflation and chronic CO2 retention may appear.

### GATHER

- General appearance, respiratory pattern, color, SpO2.
- Breath sounds: wheezes, rhonchi, diminished sounds.
- ABG if oxygenation/ventilation status is needed.
- CXR if exacerbation, infection, or other cause suspected.
- Sputum/CBC only when infection clues are present.

### TREATMENT CORE

- Smoking cessation and education.
- Pulmonary rehab and trigger avoidance.
- Low-flow oxygen when hypoxemic; avoid over-oxygenation in chronic retainers.
- Bronchodilators for airflow obstruction.
- Inhaled steroids for frequent exacerbations when appropriate.

### OXYGEN TARGET THINKING

COPD students often panic over oxygen. The goal is not no oxygen; the goal is controlled oxygen when needed.

- Use low-flow oxygen or controlled FiO2.
- Monitor mental status and ABG response.
- Escalate if acidosis or work of breathing worsens.

### AVOID

- Antibiotics without infection clues.
- Mucolytics as a default COPD answer.
- Ignoring rising PaCO2 and decreasing pH.
- Treating chronic compensated COPD like acute failure.

### EXHALE MEMORY LINE

**Stable COPD: controlled oxygen, bronchodilation, education, rehab, and watch for failure.**