

Care Plan for Patient with Chronic Obstructive Pulmonary Disease and Respiratory Health



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WHY THIS CONDITION MATTERS

Chronic respiratory disease affects breathing and daily life for many people in the UK.

- Breathing becomes hard during simple tasks
- People feel tired quickly
- Walking and climbing stairs is difficult
- Work and social life are affected
- Health services face high demand



- The problems of the lungs and airways are long-term and chronic respiratory diseases. They influence the breathing of an individual on a daily basis. Such conditions do not subside quickly. Most of them can be years long. Respiratory disease is a health problem in the UK. Shortness of breath is experienced by many people. Even such simple things as walking or dressing can be difficult. Some individuals are constantly exhausted. It is also able to affect work and social life. This puts a strain on the health services and family support. This report is about Chronic Obstructive Pulmonary Disease, also referred to as COPD. COPD is a chronic pulmonary disorder. It has an influence on breathing and the activity of everyday life. In this report, the lung structure will be described. It shall explain normal breathing. It shall then describe the changes in COPD. Lastly, it will provide an evidence-based care plan of a fictional patient, based on the UK health guidance (UK Government, 2022).



WHAT IS COPD

COPD is a long term disease that affects the lungs and airways.

- Airflow becomes limited
- Breathing in and out is harder
- The condition slowly gets worse
- It does not fully go away
- Symptoms need long term care



Chronic Obstructive Pulmonary Disease is a chronic pulmonary disease. It leads to constriction of airflow. This implies that the air will not be able to flow in and out of the lungs easily. The issue gradually deteriorates.

Individuals with COPD tend to experience breathlessness. They may cough often. Most of them result in the production of mucus during coughing. Fatigue is also common. Breathing can be challenging even in the state of simple activity. The triggers worsen the symptoms. These are infections, cold air, smoke, or pollution. Flare-ups can happen. A flare-up is a situation where symptoms are suddenly aggravated. These episodes may result in hospital visits. COPD cannot be cured. However, it can be managed. The guidelines in the United Kingdom support the early diagnosis, the regular check-up, and a clear course of treatment. It assists in lowering the symptoms and enhancing everyday living (NICE, 2019)

People with COPD experience daily breathing problems.

- Shortness of breath
- Long lasting cough
- Thick mucus from the chest
- Chest tightness

Feeling tired often.



FICTIONAL PATIENT OVERVIEW

In this presentation I used a fictional patient to explain care needs.

65 year old man
Lives with his wife
Retired factory worker
Breathing problems for years
Symptoms affect daily routine



The present report provides the example of a fictional patient. No real person is described. The patient is a 65-year-old man. He resides with his wife in a small house. He spent most of his years as a factory worker. He is now retired. He has been experiencing breathing difficulties over the years. He finds it difficult to breathe while walking. Stairs are difficult for him. He has to pause and take a break often. He has a sleeping problem because he coughs at night. Tasks in the house are more time-consuming in terms of their daily completion. The patient has more than thirty years of smoking. He stopped five years ago. His work entailed dust exposure. He is not very active now. In the past, he has had chest infections. These are some of the reasons that predispose to COPD. Imperative care requirements for this patient are more effective breath management. He requires aids to remain healthy. He must as well have confidence to handle flare-ups. A verbal direction would assist him in living and coping with everyday life and symptoms (NHS, 2023).

HOW COPD AFFECTS DAILY LIFE

COPD changes how the patient manages everyday activities.

- Walking distance is short
- Stairs cause breathlessness
- Rest is needed often
- Sleep is disturbed by coughing
- Confidence in movement is low



- The reason is that the respiratory system assists the body in breathing. It enables the body to expel the air and allows air to enter the lungs. The breathing begins at the mouth and nose. These sections draw in air into the body. This air passes down a tube known as the trachea. Air flows to the lungs through the trachea. It remains open to allow free movement of air.
- Two bronchi are formed by the trachea within the lungs. The bronchus leads to one lung each. These bronchi are then subdivided into smaller tubes referred to as bronchioles. These small airways take the air deep in the lungs. These tubes are not blocked in healthy lungs in individuals.
- The diaphragm represents a firm muscle beneath the lungs. It moves down to pull air in. It moves up to push air out. These mechanisms are significant in COPD since the airways and alveoli are damaged, and the airflow is restricted (OpenStax, 2022a).

MAIN RISK FACTORS

Several factors increase the risk of developing COPD.

- Long history of smoking
- Exposure to dust or fumes
- Chest infections in the past
- Low physical activity
- Older age



- Lifestyle is of great influence in chronic respiratory disease. The largest risk that can be prevented in relation to COPD is smoking. It destroys air sacs and airways with smoke. It causes difficulty in breathing in the long run. Quitting smoking can reduce the progression of damage among COPD individuals. The breathing can be stabilized. Flare-ups can also occur infrequently. Late stopping is still beneficial to the health of the lungs.
- Breathing is also involved in inactivity. Fitness decreases when an individual travels less. Muscles become weak. When it comes to small tasks, breathing becomes difficult. The fictional patient does not walk due to shortness of breath. This has diminished his power and self-esteem. A light exercise would aid in increasing stamina over time.
- The workplace and the family setting are also significant. Symptoms can be brought on by dust, fumes, and cold air. These infections exacerbate the airways and make coughing and breathlessness more frequent. Past factory work and cold outdoor air make it worse in this patient. Realistic changes are significant. Small steps work best. Symptom reduction and daily breathing support may be achieved with short walks, avoiding smoke, using warm clothes outdoors, and keeping the air of the home clean (UK Government, 2025).

RESPIRATORY SYSTEM ANATOMY

The respiratory system allows air to enter and leave the body.



- Air enters through nose or mouth
- Trachea carries air to lungs
- Bronchi and bronchioles guide airflow
- Alveoli exchange oxygen and carbon dioxide
- Diaphragm helps breathing movement



NORMAL BREATHING FUNCTION

Healthy lungs support easy and steady breathing.



- Airways stay open
 - Lungs stretch and relax well
 - Oxygen enters the blood
 - Carbon dioxide leaves the body
 - Activity feels comfortable
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- Normal breathing occurs smoothly and constantly. The breath into the lungs is referred to as air when a person inhales, and the exhaled air is the breath out. This movement is referred to as ventilation. Proper ventilation enables the intake of sufficient oxygen in the body.
 - The oxygen passes via the airways to the alveoli. In the alveoli, oxygen is taken into the blood. At the same time, the excretion of carbon dioxide out of the blood takes place. This gaseous exchange maintains the proper functionality of body organs. This process is made easy when the lungs are healthy.
 - The diaphragm is important in the breathing process. The lungs swell when it goes down. This pulls air inside. The lungs shorten and squeeze air during their relaxation. Chest muscles are also present that help in more vigorous breathing or exercise.
 - The airways of a healthy person remain open. The lungs are elastic. Air flows freely in and out. This enables an individual to walk, speak, and exercise without feeling out of breath (OpenStax, 2022b).

WHAT CHANGES IN COPD

COPD damages normal breathing structures.

- Airways become narrow
- Mucus blocks airflow
- Alveoli become damaged
- Air becomes trapped
- Breathing needs more effort



How COPD disrupts anatomy and physiology

- Normal breathing is difficult in COPD. The swelling and constriction of the airways occur. Thick mucus is formed in the tubes. This obstructs breathing and complicates it. Air cannot move out easily.
- The alveoli are also impaired. Their walls break down. This decreases the oxygen exchange surface area. The amount of oxygen arriving in the blood decreases. The carbon dioxide can be trapped in the lungs. This makes one fatigued and breathless.
- The lungs lose their elastic form. During breathing out, air is trapped. The chest feels tight. Breathing takes more effort. Individuals can wheeze and cough frequently.
- In healthy lungs, there is a free flow of air. Airflow is limited and slow in COPD. Mundane tasks will be exhausting. Climbing the stairs and walking are painful. Such changes are the reason why individuals who have COPD experience breathlessness and weakness in their lives (Sethi and Rochester, 2024).

LIFESTYLE IMPACT

Daily habits can worsen or improve COPD symptoms.



- Lifestyle is of great influence in chronic respiratory disease. The largest risk that can be prevented in relation to COPD is smoking. It destroys air sacs and airways with smoke. It causes difficulty in breathing in the long run. Quitting smoking can reduce the progression of damage among COPD individuals. The breathing can be stabilized. Flare-ups can also occur infrequently. Late stopping is still beneficial to the health of the lungs.
- Breathing is also involved in inactivity. Fitness decreases when an individual travels less. Muscles become weak. When it comes to small tasks, breathing becomes difficult. The fictional patient does not walk due to shortness of breath. This has diminished his power and self-esteem. A light exercise would aid in increasing stamina over time.
- The workplace and the family setting are also significant. Symptoms can be brought on by dust, fumes, and cold air. These infections exacerbate the airways and make coughing and breathlessness more frequent. Past factory work and cold outdoor air make it worse in this patient.
- Realistic changes are significant. Small steps work best. Symptom reduction and daily breathing support may be achieved with short walks, avoiding smoke, using warm clothes outdoors, and keeping the air of the home clean (UK Government, 2025).

CARE PLAN ASSESSMENT

Care planning starts with understanding patient needs.

- Breathlessness during rest and movement
- Cough and mucus pattern
- Walking distance
- Inhaler use and technique
- Mood and anxiety levels



- The care planning starts with an effective assessment. The patient needs to be assessed with regard to the level of breathlessness at rest and during activity. Patterns of cough and mucus are to be observed. The walking distance and activity tolerance are to be measured. The use of inhalers and technique should be re-examined. The status regarding smoking must be established. Symptoms of infection are to be monitored. The red flags, including the symptoms of chest pain or low oxygen, are to be taken into account. Mood should also be assessed. This is usually accompanied by anxiety about breathlessness. Assistance at home and the possibility to cope with everyday activities should be addressed.
- care must not begin without consent. The patient should consent to therapy and consultations. The confidentiality should be maintained. One should not disclose any personal information. Dignity should be observed throughout the care. Decisions should be made in accordance with the value and wishes of the patient.
- In case of deterioration of the symptoms, safe escalation is required. The patient is expected to understand when there is urgent assistance is to be sought. There is a transparent direction that facilitates security and

CARE PLAN GOALS AND ACTIONS

The care plan focuses on safe and realistic improvement.



- Clear goals help guide care. The goals should be achievable and quantifiable. In the case of this patient, the objectives can be five-minute walks with reduced intervals. Reduced flare-ups in the next three months can also be considered another objective. It is also important to enhance the quality of sleep. Another major objective is to use the inhaler properly daily. It is also necessary to develop trust in dealing with breathlessness.
- These goals need to be supported by interventions. Education is the first step. The patient has to be aware of what COPD is. The explanation of pacing activities should be provided. The energy-saving techniques must be discussed. A basic course of action in the case of flare-ups should be given. In case the patient continues to smoke, non-judgmental assistance to quit smoking should be provided.
- Physical activity must be progressive. Short walks by taking breaks are less dangerous. The activity is supposed to be built up gradually. Pulmonary rehabilitation must be considered, provided that it is available. This favors inhaling and trust. Reviews of medicines should be done. The technique of the inhaler must be frequently verified.

MONITORING AND COMMUNICATION

Regular review and clear communication keep the patient safe.



- Monitoring is essential. The levels of breathlessness need to be monitored. The walking distance will have to be reexamined. The use of flare-ups and rescue medicine should be noted. The technique of the inhaler must be reassessed. Mood and confidence are to be assessed. The follow-up should be done after every four to six weeks. There is a strong need to escalate urgently in case of severe breathlessness at rest, lips change blue, confusion sets in, pain in the chest appears, high fever, and flare-ups become frequent (GOLD, 2024).
- Effective communication is significant in COPD management. The stepwise exposition of the care plan should be undertaken. Decisions ought to be made together with the patient. The patient ought to have the meaning of each option. One should take time to pose questions. The setting of goals should be mutual. This makes the patient feel included and assured.
- At all times, plain language should be employed. Medical terminologies are to be shunned or made easy to understand. The patient must not be blamed as the cause of his/her condition. The assistance must be rendered in a cool and respectful manner. Motivation will make the patient adhere to the plan and be motivated.

Conclusion

The issue of this report was Chronic Obstructive Pulmonary Disease, which is a long-term respiratory disorder. COPD impacts the airways and the alveoli. These are structures necessary for breathing. In COPD, there is a restriction of airflow. Air is trapped in the lungs. Dyspnea ensues in everyday life.

The care plan covered methods of assessment, objectives, and support requirements. It was concerned with safe and realistic management. The important aspects were education, support in activity, and monitoring. These measures will assist in limiting the symptoms and improving everyday living. Evidence-based care helps to promote confidence, safety, and long-term health among the COPD patient population (World Health Organization, 2024).



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