

Long-Term Care Survey Alert

Clinical Tip ~ Being In The Know Can Help Residents With COPD Stay On The Go

3 care tactics can address a resident's reluctance to leave his recliner.

Residents with chronic obstructive pulmonary disease (COPD) may be reluctant to get out of their recliner due to shortness of breath -- or sometimes fear immobilizes them. Yet a few strategies can differentiate between the two so you can intervene and help the resident reclaim his mobility.

1. Assess whether the person's shortness of breath is due to pulmonary function -- for example, whether his pulse oximetry readings are too low because the person isn't receiving optimal drug therapy -- or is physically deconditioned, suggests **Thomas Snader, PharmD, CPG**, with **TCS Pharmacy Consultants** in North Wales, PA.

"There have been several recent advances in drug therapy for COPD," reports Snader, including simplified drug administration methods such as dry powder inhalers. A combination approach of "proper oxygen and nutritional therapy combined with energy conservation and pulmonary rehab" is critical to improving the person's pulmonary function, he adds.

If the person's pulmonary function is optimal and fear or becoming winded is impairing the resident's willingness to leave the safety of his recliner, anti-anxiety agents can help. "This is one scenario where use of benzodiazepenes may be the best option even in the elderly."

Dosing advice: If you give a benzodiazepene, start with a low dose and slowly increase it, Snader advises. And give the medication routinely so the person will become resistant to respiratory depression, he counsels. Also avoid giving the resident with COPD benzodiazepenes past 5 p.m. That's because people with the condition have a high occurrence of sleep apnea, he cautions, so you don't want to give them any CNS depressants at night, including hypnotics, he adds.