

# CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

## PATIENT RESOURCE



**HFAM**  
Hamilton Family Medicine

Family Medicine  
David Braley Primary Care  
Research Collaborative



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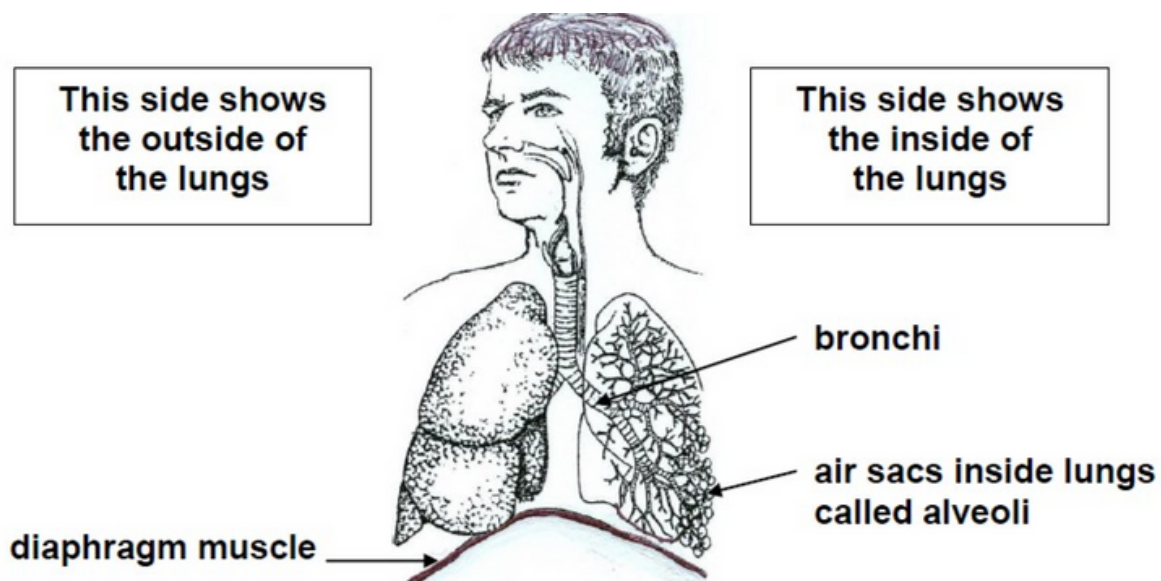


# CHRONIC OBSTRUCTIVE PULMONARY DISEASE OVERVIEW

## What is COPD?

COPD is a term used to describe a group of lung problems that cause a reduction in the movement of air through the airways. The conditions included in this term are: emphysema, chronic bronchitis, bronchiectasis, poorly controlled asthma, and cystic fibrosis.

It is important to learn some medical words and see the parts of the body involved. Below is a picture of the outside and inside of the lungs. The bronchi are the large airway tubes that take oxygen to the tiny air sacs called alveoli. The alveoli or air sacs also pick up carbon dioxide from the blood. You then breathe carbon dioxide out of your body through the bronchi.



## Emphysema

Emphysema is a disease of the air sacs. When a person with normal lungs breathes in and out, the air sacs and airways open and relax because they are like elastics. When a person has emphysema, the air sacs collapse because they have lost elasticity. When this happens, air is trapped in the lungs. Over the years, the lungs tend to get bigger. As this happens, the diaphragm and rib muscles also stretch and do not work as well.

As emphysema gets worse, some lung tissue in the small airways and alveoli is destroyed. Small blood vessels that surround the air sacs are also destroyed. This means that there is less surface area for the exchange of oxygen and carbon dioxide. As part of your treatment, you will learn how to do “pursed lip breathing”. This helps the trapped air move out of your lungs and allows fresh air in.

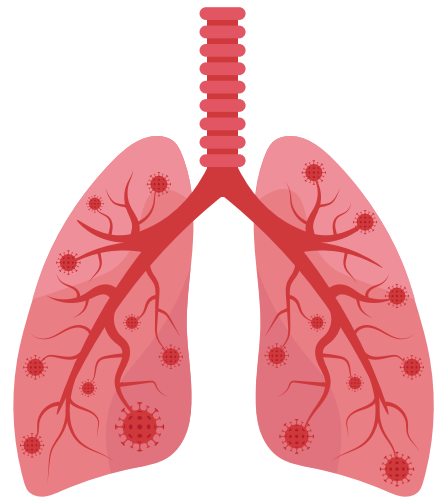
## Chronic bronchitis

Chronic bronchitis is a disease of the airways. The bronchial tubes are lined with a thin layer of mucus. This helps trap any foreign particles you breathe in. Mucus and particles are moved out of the lungs by the action of tiny hair-like structures called cilia. Cilia work all of the time moving mucus and particles towards the mouth.

When you have chronic bronchitis, there is extra mucus in the bronchial tubes. This produces a chronic cough, sputum and shortness of breath.

The extra mucus leaves less room for air to get through. Thick mucus plugs may form and close the small airways.

Swelling and narrowing of the airways also slow down the action of the cilia making it hard for them to move mucus and particles out of the lungs. This slows the flow of air in and out making it harder for oxygen to pass from the air into the blood.



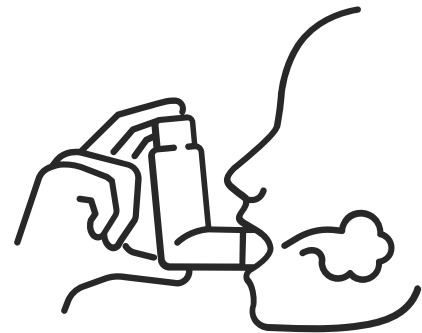
## Bronchiectasis

In bronchiectasis, the airways are damaged by infection. Scar tissue replaces the walls of the airways.

Normally, the bronchial tubes are lined with a thin layer of mucus. This helps trap any foreign particles you breathe in. Mucus and particles are moved out of the lungs by the action of tiny hair-like structures called cilia. Cilia work all of the time moving mucus and particles towards the mouth. When you have bronchiectasis, the cilia are destroyed. The scar tissue and airway muscles are not able to push this pooled mucus up to the throat to be coughed out. With this extra mucus and bacteria collecting, infections often happen. People with bronchiectasis often cough up large amounts of mucus every day.

## Asthma

Asthma is an inflammatory condition in the airways which causes shortness of breath, chest tightness, wheezing, coughing and production of mucus. In many people, the airways are very sensitive to substances or events called triggers. The airways swell, produce mucus and the muscles in the airways tighten. If asthma is not controlled, the airways may become permanently damaged.



## Cystic Fibrosis

Cystic fibrosis is a genetic disorder which causes an over-production of mucus. This often leads to infections that damage the airways.



# EXACERBATION MANAGEMENT

A COPD flare-up is the worsening of your COPD symptoms. They can begin suddenly and unexpectedly. Everyone experiences exacerbations differently, but it may take around 30 days to return to your usual health. If you have pneumonia, you may have symptoms for about 6 weeks.

Call 911 or have someone take you to the nearest Emergency Department if . . .

- You have severe trouble breathing
- You have chest pain
- You have blue lips or fingers
- Your pulse oximeter readings are going down even with treatment
- You feel confused, disoriented, or have trouble speaking in full sentences

Call your family medicine team if . . .

- Your symptoms are worse than usual (coughing, wheezing, shortness of breath)
- The colour, thickness, or amount of mucus changes
- You feel more tired than usual for more than one day
- You have new swelling in your legs or ankles
- You have more trouble sleeping than usual
- You feel the need to increase your oxygen levels (if you are on oxygen)
- Your oxygen levels are lower than usual (if you measure your oxygen levels)

## Early signs of a COPD flare-up

You can often tell when a flare-up is about to begin. You may notice increased shortness of breath, sore throat, cough, tiredness and cold symptoms.

If you catch a flare-up in time, it can be easier to treat. Treating a flare-up early can also save you from having to go to the hospital. The key is to pay attention to the early warning signs of a flare-up:



- Feeling more short of breath than usual
- Yellow, green or brown sputum
- An increase in the amount, thickness and stickiness of sputum
- A fever
- Needing to sleep sitting up instead of lying down
- Morning headaches, dizziness, trouble sleeping
- Swollen ankles or feet or feeling bloated or swollen in your abdomen – you may feel like you have to loosen your belt or waistband
- Feeling unwell
- Feel sleepy during the day or fall asleep when you did not expect to
- Have personality changes such as feeling confused, restless, agitated or forgetful

If you have any of these signs, contact your doctor or health care provider right away. Family members and friends should also watch for these signs as they may see them before you do.

## Monitoring your illness

Your family medicine team will monitor you regularly. It is helpful if you record your symptoms (including whether they are better or worse), and any information such as pulse oximeter readings, temperature, pulse, and breathing rate to discuss with your healthcare provider.

### How to use a pulse oximeter

If you do not have a pulse oximeter, your family medicine team may have one available to lend you.

Scan the following QR code to watch a video to learn how to use a Nonin GO2 Brand Home Pulse Oximeter.



Further text instructions can be found on page 9 of this document.



## Pulse Oximetry — Patient Instructions for use

Pulse oximeters are medical devices that use red and infrared light to determine how much oxygen is circulating in your blood. The device is designed like a clip that covers the tip of your finger. Pulse oximeters measure your oxygen level and your heart rate. They must be positioned properly and used on fingers with good circulation.

### **How to use:**

1. Sit in a comfortable position.
2. Ensure that your hands are clean and relatively warm.
3. Remove any nail polish, artificial nails bandages or anything else covering your nails.
4. If your fingers are cold, warm your fingers by running them under good warm water or with a warm cloth, and by rubbing them – the oximeter needs good circulation to the finger to give an accurate reading.
5. Open the pulse oximeter like a clothes pin. Do not force it, it should open easily and just wide enough to allow your finger to fit inside.
6. Slide your forefinger or middle finger from either hand as far in as it will easily advance.
7. The pulse oximeter will turn on automatically when you insert your finger, the display may flash as it obtains the reading.
8. While waiting for the numbers to stabilize, check the battery indicator on the display. If the battery is low, contact your doctor or nurse for advice.
9. Try to keep your hand relaxed and still while the pulse oximeter is measuring your oxygen level. There may be a small light or bar that illuminates every time your heart beats.
10. After about 1 minute record your oxygen level. The top number on the display is your oxygen level, the other number is your heart rate.
11. Remove the pulse oximeter from your finger. The device will turn off automatically and is ready to use again.

If the numbers are not displayed consistently:

- Make sure that your finger is all the way inside the oximeter.
- Try another finger if still not reading.
- Ensure the finger is warm, do not clench your fist, and keep your hand still.

### **Results**

The maximum oxygen level is 100% and lower levels indicate that you have less oxygen circulating in your blood. If you have been prescribed home oxygen therapy, note beside the recording whether the measurement was done while using oxygen. Your care team will advise you what pulse oximetry levels are acceptable for you. Generally, an oxygen level of 93% or greater is acceptable. If your reading is less than 93% contact your care team. If your reading is lower by more than 3% from the previous day try a different finger to check the accuracy. If that reading is the same, contact your care team:

- Ensure that you are sitting and resting in a comfortable position. Loosen any tight clothing. Let someone in your home know that your oxygen level is lower.
- If you have been instructed to use your oxygen, to take any medications or to perform any breathing exercises, do that now.
- If you are very short of breath, feel dizzy, have chest pain or feel very unwell, call 911.

### **Cleaning**

Do not get the oximeter wet. Wipe with a small alcohol wipe. Do not use other disinfecting/ antibacterial wipes as they may damage the digital display.



# BREATHING TECHNIQUES

When you are short of breath, you need to relax and control your breathing. The sensation of breathlessness is not harmful.

## Shortness of breath

Breathlessness – or shortness of breath – is very common for people with COPD. Some people feel breathless most of the time, while others are short of breath only when walking or exercising. Good nutrition, enough sleep, anxiety control, regular physical activity and healthy environment can limit your breathlessness.

Being short of breath can be scary but there are some things you can do to make it easier. Some items that may help you relieve shortness of breath include walking aids and learning breathing exercises. Some people find using a fan in front of their face helps relieve symptoms of shortness of breath. Below are types of breathing that can help you. Please speak with your healthcare provider to see if they are right for you. It is also a good idea to practice these types of breathing exercises with your respiratory educator to make sure you are doing them properly.

## Managing shortness of breath

Should you become short of breath, try to follow these steps:

1. Keep calm, relax your neck and shoulders
2. Remove yourself from the area if there is a trigger (i.e. cat, strong order, smoke, etc.)
3. Stop and rest in a comfortable position (see below)
4. TRY not to gasp for air
5. Breathe in slowly through your nose
6. Purse your lips, breathe out slowly, like whistling
7. Breathe out twice as long as you breathe in
8. Once you have regained control of your breathing, continue with your activity
9. Pace yourself, but don't limit your activity.



## Controlling your breathing

Feeling short of breath can make you panic and breathe faster than normal. This can send your breathing out of control. In addition to pursed-lip breathing, here are some tips you can use to control your breathing if you feel shortness of breath coming on:

- Stop and rest comfortably
- Breathe through your mouth
- Breathe in and blow out as fast as necessary
- Begin to blow out longer. (Used pursed-lip method if it works for you)
- Slow down your breathing
- Begin to use your nose when breathing in
- Once your breathing is under control, try diaphragmatic breathing

When you feel better, stay in the resting position and continue pursed-lip breathing for five minutes or until you feel back to normal.

## Proper positioning

Positioning your body properly can help reduce breathlessness as well. Poor posture can make it difficult to breathe. Keeping your back straight will help.

### Sitting

1. Place both feet on the ground
2. Lean head and shoulders forward slightly.
3. Rest your forearms on your thighs
4. Keep your wrists and arms relaxed

You may also choose to lean forward with your forearms resting on a table for support.

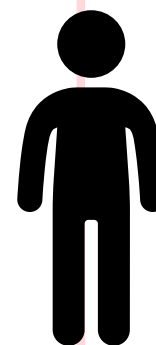


### Leaning

1. Spread your arms shoulder-width apart
2. Rest forearms over a stable standing-level surface, such as a countertop, windowsill, bar, etc.
3. Relax your shoulders
4. Stand with one leg slightly forward, bent at the knee

### Standing

1. Lean your back against a wall, chair or counter
2. Place your feet slightly apart
3. Relax and lean your head and shoulders forward slightly
4. Rest your hands lightly on your thighs or a piece of furniture



## **Budgeting your energy**

Pace and plan your tasks so you can conserve energy wherever you can. These can be simple changes to your routine like limiting the number of times you need to walk upstairs, or sitting down while preparing supper.

## **Easing anxiety**

Emotional stress can cause you to feel breathless. Here are some ideas for coping with anxiety to get your breathlessness under control.

- Think ahead and try to avoid situations that cause you stress
- Make plans for situations you cannot avoid. For example, this can mean arranging for a wheelchair if you are flying somewhere
- If you start feeling anxious, sit down, relax and practice pursed-lip breathing
- Talk to your friends and family about what makes you anxious. If they know, they can help you
- Consider therapy for your anxiety
- Relax and try to remember that not everything needs to be done in one day
- If you need help managing your anxiety, please speak with your primary health care team



## Pursed-lip breathing

This type of breathing helps to let out stale air and slow down your breathing. As you practice, try to exhale (breathe out) twice as long as you inhale (breathe in).

1. With your mouth closed, breathe in a normal amount of air through your nose
2. Purse your mouth as if you are whistling
3. Keeping your lips pursed, slowly blow the air out through your mouth



*Inhale*

*Exhale*

## Diaphragmatic breathing

The diaphragm is the main breathing muscle. If you know how to control this muscle well, it can help you with breathlessness. It is not hard.

1. Relax your shoulders and sit comfortably in an easy chair
2. Place your hands lightly on your stomach
3. Breathe in slowly through your nose. Your stomach should rise under your hands
4. Breathe out slowly through pursed lips. Your stomach should fall



*Inhale*

*Exhale*



# LIFESTYLE TREATMENT

Since there are many causes for COPD, there are many treatments. Your treatment will depend on your health problem. You will follow the best treatment care plan for your own problem. The goal of treatment is to improve your breathing and airflow. Members of your health care team will help you meet your goals.

## Optimize your breathing

### Learn how to breathe

- Slow your breathing. Make sure breathing out takes longer than breathing in. Try not to force the air out
- As you breathe out, tighten your lips as if you are breathing out through a straw. This is called pursed-lip breathing. If you have emphysema, make sure you breathe out with pursed lips
- Do not hold your breath. Breathe normally in and out when you do your daily activities such as shave, apply makeup, climb stairs, lift things and bend over

### Cough and clear your sputum

- If you have sputum, you must cough it up. You should try to cough sputum up at least 4 times a day. Try taking some water before you cough.
- If you cough up blood, contact your doctor

### Avoid things that affect your breathing

- If you smoke, you must stop. If you continue to smoke you will continue to damage your lungs. If you need help quitting smoking, please speak with your primary health care team
- Avoid strong smelling sprays, perfumes, fumes and things you are allergic to
- Cover your nose and mouth when you go into cold air
- Stay indoors on high pollution days

## Start and maintain an exercise program

Regular exercise is very important. Muscles that are in good condition work better and produce less carbon dioxide. Exercise helps you use your oxygen better.

You may learn to adjust your medication before and during exercise. For example, many people use a bronchodilator inhaler before they begin to exercise. This opens the airways to help them breathe better.



## Eat a balanced diet

It is important for you to follow a balanced diet. Some people find shortness of breath makes it hard to eat enough food. If you need help with meal planning, you can speak with your primary health care team, and they can help connect you with a dietician.

## Attend your clinic appointments

Please bring all of your pills, inhaled medications and devices such as an Aerochamber® to each appointment. If you can't bring in all your medications each time, it might be helpful to have a written list of them that you can bring to your appointments.

When you come for your visits be prepared.

Make sure you know:

- All of the medications you currently take
- The medications that will expire and need re-ordering by a member of your health care team

## Practice good hand hygiene

It is important to wash hands often to prevent infection.

### Wash hands:

- Before and after eating
- After using a bathroom
- After coughing or sneezing
- When entering or leaving a hospital, health care centre or doctor's office

Remind others to wash their hands too.

### Steps to washing hands

1. Wet hands with warm water
2. Apply soap
3. Rub hands together for 20 seconds. Wash fingertips, nails and
4. between fingers
5. Rinse with warm water for 10 seconds
6. Dry hands with a paper towel
7. Use a clean paper towel to turn taps off



## Clean surfaces in your home

It is important to regularly clean surfaces in your home that people touch often to prevent infection.



# INHALERS

## Respiratory Inhaler Identification Chart

This is not a complete list of available agents. Please consult the CPS for others.

### WHICH INHALERS HAVE BEEN PRESCRIBED FOR YOU?

#### CONTROLLERS

##### Anti-Inflammatories



**"FLOVENT" HFA**  
(Fluticasone propionate)  
Available in 50, 125 & 250 mcg per dose  
GlaxoSmithKline



**"FLOVENT" DISKUS**  
Inhalation Device  
(Fluticasone propionate)  
Available in 50, 100, 250 & 500 mcg per dose  
GlaxoSmithKline



**"PULMICORT" TURBUHALER**  
(Budesonide)  
Available in 100, 200 & 400 mcg per dose  
AstraZeneca



**"QVAR"**  
(Beclomethasone dipropionate)  
Available in 50 & 100 mcg per dose  
3M Pharmaceuticals

##### Long-Acting Bronchodilators



**"SEREVENT"**  
(Salmeterol xinafoate)  
25 mcg per dose  
GlaxoSmithKline



**"SEREVENT" DISKUS**  
Inhalation Device  
(Salmeterol xinafoate)  
50 mcg per dose  
GlaxoSmithKline



**"OXZEZE" TURBUHALER**  
(Formoterol fumarate dihydrate)  
Available in 6 & 12 mcg per dose  
AstraZeneca



**"SPIRIVA"**  
HandiHaler Inhalation Device  
(tiotropium bromide monohydrate)  
18 mcg/capsule  
Boehringer Ingelheim

##### Combination Medications

Inhaled steroids and long-acting  $\beta_2$ -agonists.



**"ADVAIR" MDI**  
(Salmeterol xinafoate/fluticasone propionate)  
Available in 125 & 250 mcg per dose  
2 puffs BID  
GlaxoSmithKline



**"ADVAIR" DISKUS**  
Inhalation Device  
(Salmeterol xinafoate/fluticasone propionate)  
Available in 100, 250 & 500 mcg per dose  
1 inhalation BID  
GlaxoSmithKline



**"SYMBICORT" TURBUHALER**  
(Budesonide/formoterol fumarate dihydrate)  
Available in 100 & 200 mcg per dose  
AstraZeneca

\* May also be used as a reliever medication.

- Controllers help prevent respiratory symptoms such as wheezing, coughing and shortness of breath.
- Take your controller medication exactly as your doctor told you.



# INHALERS (CONT.)

## RELIEVERS

### Short-Acting Bronchodilators

					
<b>*VENTOLIN® HFA</b> (Salbutamol sulfate) 100 mcg per dose GlaxoSmithKline	<b>*VENTOLIN® DISKUS®</b> Inhalation Device (Salbutamol sulfate) 200 mcg per dose GlaxoSmithKline	<b>*BRICANYL® TURBUHALER®</b> (Terbutaline sulfate) 0.5 mg per dose AstraZeneca	<b>*ATROVENT® HFA INHALATION AEROSOL</b> (Ipratropium bromide) 20 mcg per dose Boehringer Ingelheim	<b>*COMBIVENT® INHALATION AEROSOL</b> (Ipratropium bromide/salbutamol sulfate) 20 mcg per dose Boehringer Ingelheim	<b>*AIROMIR® INHALATION AEROSOL</b> (Salbutamol sulfate) 100 mcg per dose 3M Pharmaceuticals

- Relievers help relax the tight muscles around airways therefore opening them up and making it easier to breathe. These medications provide quick relief when an asthma attack occurs.
- Relievers should only be taken when needed unless your Doctor tells you otherwise. More than 4 times per week could mean your asthma is getting worse and you should be reassessed by your Doctor.

**Asthma** is a common lung disease that can affect your breathing. Asthma is a chronic inflammatory lung disease characterized by recurrent breathing problems. While there is no “cure” for asthma, proper medical care and treatment can help most asthma patients live normally.

**Chronic Obstructive Pulmonary Disease (COPD)** is a disease that causes the airways of the lungs to be inflamed and become “obstructed” or blocked. COPD includes two major breathing diseases: chronic bronchitis and emphysema. Unlike asthma, COPD gets worse over time. Medications cannot cure COPD but they can help relieve symptoms; but quitting smoking is the most effective way to prevent the progression of COPD.

**Consult respective prescribing information before prescribing.**

\*ADVAIR®, FLOVENT®, SEREVENT®, VENTOLIN® and DISKUS® are registered trademarks, used under license by GlaxoSmithKline Inc. \*\*The appearance, namely the color, shape, and size of the DISKUS® inhalation device, is used under license by GlaxoSmithKline Inc. BRICANYL®, OXEZE®, PULMICORT®, SYMBICORT® and TURBUHALER® are trademarks of the AstraZeneca Group. ATROVENT®, COMBIVENT® and SPIRIVA® are registered trademarks of Boehringer Ingelheim (Canada) Ltd., licensed use. AIROMIR® and QVAR® are trademarks of 3M Pharmaceuticals, licensed use. The colours on this reference guide may vary slightly from the actual product due to the limitations of the printing process.

Original concept by Jacqueline Geremia, RN, BScN, Certified Asthma Educator, Scarborough Hospital, Grace Division.  
This material is provided as an educational service by GlaxoSmithKline Inc.



**HFAM**  
Hamilton Family Medicine



Family Medicine  
David Braley Primary Care  
Research Collaborative

## VIDEO LESSONS

How to use a puffer with a spacer (adult)



How to use a puffer (metered dose inhaler)



How to use a HandiHaler® (dry dose inhaler)



How to use a RESPIMAT® (mist inhaler)



How to use an AeroChamber Plus® Flow-Vu® with a mouthpiece



How to use an AeroChamber Plus® Flow-Vu® with a ComfortSeal® mask



How to use an AeroChamber®



Use the camera on a smartphone or tablet to scan these QR codes and watch the videos.



# COMMUNITY RESOURCES

## “A COPD Handbook” by Canadian Lung Association



Scan the QR code using the camera on your tablet or smartphone to access the Canadian Lung Association's COPD guide

### Contact The Canadian Lung Association

Understanding COPD and learning how to manage it can help you live to the fullest.

After reading the handbook, you might want more information. Maybe you want to learn more about exercise or breathing techniques. The Canadian Lung Association can help.

To speak with a Certified Respiratory Educator, call the free Helpline at 1-866-717-COPD (2673) or visit their website at [lung.ca/copd](http://lung.ca/copd).



## Community rehab programs for COPD currently offered in Hamilton, ON

### Compass Community Health – Caring for My COPD

Caring for My COPD is a 10- week community based pulmonary rehabilitation program for people who have been diagnosed with Chronic Obstructive Pulmonary Disease (COPD) including those recently hospitalized due to COPD.

\*Currently offering both in-person and virtual care options

<p><b>Website</b>  <a href="https://www.compassch.org/programs-services/managing-your-health-wellness">https://www.compassch.org/programs-services/managing-your-health-wellness</a></p>	<p><b>Location</b>            438 Hughson Street North Hamilton,            ON L8L 4N5</p>
<p><b>Contact</b>            Meridene Haynes, BSc(Kin), RCPT(P), CRE            Coordinator, Caring for My COPD Pulmonary Rehab            Program COMPASS Community Health            905-523-6611 ext 3005</p>	<p><b>Hours</b>            Monday 8:00 am – 8:00 pm            Tuesday 8:00 am – 8:00 pm            Wednesday 8:00 am – 8:00 pm            Thursday 8:00 am – 8:00 pm            Friday 8:00 am – 4:00 pm</p>
<p><b>Referral</b></p> <ul style="list-style-type: none"> <li>• Upload this referral form to EMR and then efax to center</li> <li>• Accept e-referrals and they are live on the OCEAN platform to accept referrals</li> </ul>	
<p><b>Cost</b></p> <ul style="list-style-type: none"> <li>• Free</li> </ul>	

### St. Joseph's Healthcare Hamilton – Respiratory Rehab Program

Respiratory Rehabilitation is an education and exercise program that promotes patient self-management skills for chronic respiratory diseases. This is an 8-week long Day outpatient Program where patients come from home three days per week. In a small group, patients take part in class presentations and therapy taught by members of the health care team in the Respiratory Rehabilitation Program.

More details about St. Joseph's Healthcare Hamilton Respiratory Rehab Program can be found on the following page.



**Website**

<https://www.stjoes.ca/hospital-services/chest-program/respiratory-rehabilitation>

**Location**

4 Firestone Institute for Respiratory Health  
St. Joseph's Healthcare Hamilton  
50 Charlton Avenue East Hamilton, ON

**Contact**

Tel: 905-522-1155 Ext. 35811

Fax: 905-523-5864

**Referral**

- The Firestone Ambulatory clinic accepts community referrals for assessment and consultation for admission to this program
- Family doctors and specialists complete a referral by contacting the Respiratory Rehabilitation Program Intake office at 905-522-1155 Ext. 35811

**Cost**

- Free



# ACKNOWLEDGEMENTS

We acknowledge the information contained on this page derives from the following sources:



**TRUETT MEDICAL**  
INTERNATIONAL

B R E A T H E  
the lung association



**HFAM**  
Hamilton Family Medicine

McMaster  
University 

Family Medicine  
David Braley Primary Care  
Research Collaborative 