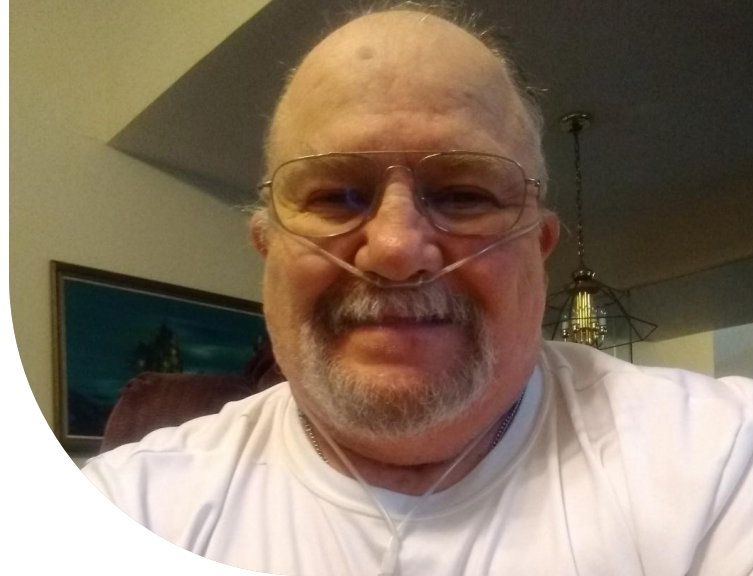


Jimmy Slover

COPD



From 1998 to 2004, I was in the hospital for pneumonia every February. In 2004, I had a serious attack and my doctor told me that I had to stop smoking. He showed me tests he'd done on my lungs and scared the living daylights out of me. I was ready to throw away all my cigarettes, but when I looked back over at his office as I got into my car, I saw him smoking a cigarette on the balcony. I thought "What a crock," and went to the store to buy another pack.

Five years later, I had my first appointment with a pulmonologist who looked at me and said, "I can tell it's going to take something detrimental for you to quit smoking." My last cigarette came the very next day, because at 3:20 the next morning, I was rushed to the hospital in respiratory distress. I woke up from an induced coma two and half weeks later, with a tracheotomy. I spent the next several months re-learning to walk, and a

month after that, I was diagnosed with stage 4, end-stage COPD. It was a devastating wake up for me.

I have an in-home caregiver named Jill, who comes in several times a week to help me provided by the V.A. I know many people don't have access to in-home caregivers, but she makes my life so much better. She saves me hundreds of breaths a month, and she's like a daughter to me. Jill's work takes the pressure off my immediate family members because they don't have to try and fit my needs into their daily activities. Jill handles the basics, and they're able to focus on being family, because they know my caregiver will take care of me. It is a win/win situation.

When Jill comes in, she asks me how she can help me. It sounds simple, but it's important to ask, because I may want help, but it may feel awkward reaching out sometimes.

There are also times I need help in certain specific ways. It's important that any caregiver not assume that they know what's 'best.' She helps me dust, vacuum, sweep, make my bed and do my laundry. She goes to medical appointments with me so we're always on the same page and changes out my equipment. Sometimes, I just want to be heard. Listening and just being there can go a long way toward making people feel cared for. Jill also knows I'm not as good about staying hydrated as I should be, so if she ever sees me without a bottle of water she stops, goes into the kitchen, and gets me some water!

One of the best things Jill did was to learn all about the disease to know how best to help me. For other COPD caregivers, I'd recommend learning as much as possible about COPD. For example, understand the types of COPD, like chronic bronchitis and emphysema. These diseases are both forms of COPD, and a person can have one or both conditions.

It's also helpful to know the signs and symptoms of COPD, as well as COPD exacerbations. COPD is a progressive disease, so it's important to report any worsening symptoms and exacerbations to the doctor. That's why it's important to also note how COPD changes over time. As COPD progression moves from one stage to another, the treatment plan may need to change.

It's one thing to want to help, and another to know how to help. I have a golden rule when someone is trying to help me in my home: If you pick something up, you must put it back just exactly how you found it. I am an independent person and at the end of the day when I am struggling the most, I can't afford to try and find something that was out of place because it was moved on me. If you've ever struggled to breathe, you will understand this one hundred percent. ●