



Journey to Living with NTM Lung Disease

In order to feel your best with NTM lung disease, you should live a healthy lifestyle. As you start your journey, don't forget to pack the tools, education, and resources you'll need to live with NTM lung disease.

Health and Wellness

- Talk to your health care provider (HCP) about exercise and pulmonary rehab.
- Eat a balanced diet.
- Drink plenty of water.
- Quit smoking and avoid inhaling irritants.
- Wash your hands often and avoid people who may be sick.
- If you need oxygen therapy, use it as prescribed.

Tools and Techniques

- Perform airway clearance each day.
- If needed, use tools like positive expiratory pressure (PEP) and vest devices to help you to remove mucus from your lungs.
- Talk to your HCP about using medicines when needed to help thin the mucus in your lungs.
- Bring your NTM Lung Disease Management Tool to your doctor's visits and refer to it when questions come up.

Treatment Expectations

- Attend all doctors' appointments.
- Take all antibiotics as prescribed. (Most people with NTM lung disease will need to stay on their antibiotics for 12 months after their sputum is clear of NTM.)
- You may need to repeat testing to see if your NTM treatment is working.
- Call your health care provider if you have side effects from your medicines.

Resources and Support

- Talk with your loved ones about your feelings and coping with NTM lung disease.
- Seek support from your HCPs and from online communities like BronchandNTM360social copdf.co/BronchandNTM360social.
- Watch educational videos like Do You Know About NTM Lung Disease copdf.co/NTMvideo.
- Refer to your NTM Lung Disease Management Tool
- For more information visit Bronchiectasis and NTM 360 www.bronchandNTM.org and NTM information and Research ntminfo.org.

TOOLS

EDUCATION

RESOURCES



Bronchiectasis & NTM
ASSOCIATION

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NTM LUNG DISEASE MANAGEMENT TOOL

Patient please fill out this section prior to the office visit.

My Name: _____ **Date:** _____

My Doctor's Name: _____

Best contact (e.g., phone, email, portal): _____

Date of last sputum culture: _____ I am currently being treated for: MAC ___ M. Abscessus ___ Other: _____

CURRENT HEALTH CONDITION:

Right now (on MOST DAYS) I feel: ☐ better ☐ worse ☐ about the same

My symptoms impact my day-to-day activities (e.g., trouble sleeping, missing/changing plans with friends, unable to do activities I once did, missing work). ☐ yes ☐ no

Current Symptoms	Better	Worse	About the Same
Cough			
Sputum Production			
Breathing			
Fatigue			
Appetite			
Weight			



My sputum color is _____ My other symptoms include: _____

MY GOALS FOR MANAGEMENT (Please number your top three goals from 1-3)

___ Improve my health ___ Increase my activity level ___ Make changes to my lifestyle ___ Gain or Lose Weight

___ Get rid of the NTM ___ Make changes to my environment ___ Other _____

I would like to feel: _____ I want to do these activities more easily _____

Lifestyle/Environmental changes I plan to make: _____

QUESTIONS TO ASK YOUR HEALTH CARE PROVIDER

- ☐ When and how should I take each of my medicines?
- ☐ Do my medicines have common side effects? Which side effects should I report right away?
- ☐ What airway clearance techniques or devices do you recommend?
- ☐ What kinds of exercises should I do?
- ☐ What measures can I take to protect myself? Are there any activities I should avoid?
- ☐ How can I obtain a copy of my imaging and clinical notes?
- ☐ Other: _____

MY CURRENT TREATMENT PLAN (Providers check all that apply.)

- ☐ Take all medicines/supplements as prescribed.
- ☐ Perform airway clearance _____ times a day.
- ☐ Be active for _____ minutes a day.
- ☐ Eat regularly, focusing on nutritious foods.
- ☐ Other: _____
- ☐ Avoid smoking and inhaling irritants.
- ☐ Get adequate sleep and/or rest.
- ☐ Drink ___ ounces of water/fluids a day (avoiding caffeine).
- ☐ Date of next sputum culture: _____

NOTIFY YOUR HEALTH CARE PROVIDER IF:

- You have increased cough and/or congestion.
- Your sputum has changed color, amount, or thickness.
- You are losing weight without trying.
- You notice increased breathlessness with exertion.

SEEK EMERGENT CARE OR CALL 911 IF:

- You have extreme shortness of breath.
- You have chest pain.
- You are coughing up bright red blood.

Details of your next visit

Date and time: _____ Testing needed before visit: _____