

## My Experience With Pneumonia

On Sunday I played some good pickleball and slept well that night. On Monday morning I was busy in the house. In the afternoon I was out working on projects in my woodworking area. That evening, I felt I was getting a bad cold and my breathing was becoming more difficult. I remember thinking that I may need to go to urgent care tomorrow. I usually just say, “let’s see how it goes.” When I woke up on Tuesday morning, Oct. 21<sup>st</sup>, 2025, I knew I was going to urgent care, but it was early afternoon before I made it there (I drove to the clinic by myself but am sure my daughter would have preferred to have driven me).

On the drive, instead of my usual 3 to 4 LPM, I used 5 to 6 LPM of oxygen. I started walking into the clinic using 8 LPM but soon began using 10 LPM while moving. On the longer walk back from the x-ray room I may have turned it up to 15 LPM, which is what I use to play pickleball. I had the oxygen, so why struggle to move around? I lowered the LPM for standing around or sitting. Depending on activity I was continually changing the LPM. While moving my blood oxygen levels could drop into the 70%s and when I stopped it would quickly rise to 92% and as high as 97%.

When I hear “that people with COPD should keep their blood oxygen level between 88% and 92%” it makes me mad because I know it just ain’t so and it contributes to the downward spiral that is so common with COPD. I do know there is a time and place for keeping it in that range. The night before, that day and for a week after I kept my blood oxygen level in the 88 to 94 % range while at rest. I usually like to see it at 92% to 96% at rest.<sup>1</sup>

“Xray and medical notes for my bout with pneumonia and recovery” @ <https://horsens.com/2026reset/xray-med-notes.pdf>

The urgent care doctor gave me a shot, breathing treatment and called prescriptions into Costco. After the appointment I drove to Costco and then home. Over the next twelve days my breathing slowly improved. My blood oxygen level wasn’t dropping as low and I was recovering quickly. I slept and rested a lot but did get out 4 to 6 times a day for a little

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### <sup>1</sup> One-year mortality

Mortality at 1-year post discharge in those treated with supplemental oxygen

In patients who received supplemental oxygen on admission and survived to discharge, the risk of death at 1year was 28%. The 12-month mortality rates, excluding inpatient deaths, were: 87% or less=32%, 88%–92%=31%, 93%–96%=23%and 97%–100%=28% (including inpatient deaths these figures were 43%, 37%, 32% and 40%) (figure 3). The 93%–96%group had a significantly lower risk of death than the 88%–92%group,

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<https://emj.bmj.com/content/emmermed/38/3/170.full.pdf>

activity or to visit with others. On the twelfth day I believed it would be okay to play a little pickleball but take it easy while playing. I have been slowly recovering over the last 70+ days and am close to a full recovery. I have hope I will make a full recovery!

If I had not found a reliable and affordable source of liquid oxygen in late May 2022, I would not have been able to be as active as I have been. I would not have been as physically and mentally healthy. Liquid oxygen helped prepare me to fight off illnesses. Liquid oxygen allowed me to drive to the clinic and move around inside the clinic without gasping for air and kept me from turning blue.

If I had not had liquid oxygen with me that day and had been using my Eclipse 5 instead, I would have been sent to the hospital where my blood oxygen level would have been kept between 88% to 92%, preventing any activity, even getting up to go to the bathroom! I would have been kept flat on my back. From my experiences, it is far better for me to stay active and keep the phlegm broken up and more easily coughed up. I have no doubt that I started improving faster with the meds and activity than I would have in the hospital. I am sure that I not only wouldn't have started improving as quickly in the hospital but I would have gotten worse, leading to more interventions. I am sure my life would have been saved and the medical professionals would have felt good about that.

The treatment I received cost what, \$2,000, maybe \$4,000? Probably less. How much would it have cost to send me to the hospital? \$10,000, \$20,000 or more? I doubt \$4,000 would have gotten me through the hospital door. I believe my recovery would have been much lower and my quality of life would have taken a big hit. I am not saying everyone should be sent home with meds, probably a small percentage! But if the oxygen we need to stay active was available to us it would be a larger percentage. And if the same was done while we are in the hospital recoveries would be faster and more significant. I can't prove what I have just said but believe I can make a good case for it using my experience, others experiences and solid information already available. The cost savings would come ( and quality of life improved).

I know the statistics for being hospitalized or dying within a year go up. With hospitalization, full recovery would not have been as likely and quality of life would be lower. I went back to the urgent care clinic and let staff and the doctor know I was thankful for what they had done for me.

Had I been sent to a hospital, it would have been necessary to physically or medically restrain me to keep me in bed. It is likely I would have had an assault and battery charge against me because I would have done whatever it took to try and remain active!

If I had not gotten the medications at the clinic I would have ended up in the hospital. I needed medication, but no more or less than I needed to stay active. But getting the needed oxygen and education on using it is just as important. Today's system is steeply slanted toward medications. I believe the SOAR Act should bring a balance to improve health and quality of life for those with respiratory problems!!!