




# MY COPD ACTION PLAN

My doctor's name: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>Green</b></p> 	<p><b>I FEEL WELL</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Usual activity and appetite</li> <li><input type="radio"/> Usual amount and color of mucous</li> <li><input type="radio"/> Sleeping well or as usual</li> <li><input type="radio"/> Usual baseline breathing</li> </ul>	<p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>➤ Take daily medicines as directed</li> <li>➤ Do normal activities</li> <li>➤ Avoid tobacco smoke</li> <li>➤ Use oxygen as directed _____ (liters)</li> </ul>
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<p><b>Yellow</b></p> 	<p><b>I DON'T FEEL WELL</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> More short of breath</li> <li><input type="radio"/> More and/or thicker mucous</li> <li><input type="radio"/> Less energy than usual</li> <li><input type="radio"/> Not sleeping well, symptoms wake me</li> <li><input type="radio"/> Taking more rescue medicines</li> <li><input type="radio"/> Coughing up spots of blood or more than usual</li> </ul>	<p><b>ACTIONS</b></p> <ul style="list-style-type: none"> <li>➤ Use daily medicines &amp; oxygen as directed</li> <li>➤ Start rescue inhaler or nebulizer</li> <li>➤ <b>Call your doctor's office, give them an update, and discuss next steps.</b></li> <li>➤ <b>As directed</b> <ul style="list-style-type: none"> <li>➤ Start: _____</li> </ul> </li> </ul>
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<p><b>Red</b></p> 	<p><b>I FEEL MUCH WORSE</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Severe shortness of breath</li> <li><input type="radio"/> Chest pain</li> <li><input type="radio"/> Confused, drowsy, slurring of speech</li> </ul>	<p><b>ACTIONS</b></p> <p><b>**Have someone take you to the emergency room or call 911</b></p> <ul style="list-style-type: none"> <li>➤ Increase oxygen to _____ (liters)</li> <li>➤ Take emergency dose of prednisone</li> </ul>
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### HEALTH CONFIDENCE (Wasson tool):

**How confident are you that you can use this Action Plan to control and manage your COPD?**

Score (0 -10 Low-High): \_\_\_\_\_ Date: \_\_\_\_\_ Affiliate: Core/EH/RVNA

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Score (0 -10 Low-High): \_\_\_\_\_ Date: \_\_\_\_\_ Affiliate: Core/EH/RVNA

Score (0 -10 Low-High): \_\_\_\_\_ Date: \_\_\_\_\_ Affiliate: Core/EH/RVNA





**Record your daily COPD zone on this chart along with any symptoms and actions. Bring your chart with you to your doctor appointments so that he/she can review it with you.**

**G = Green Y = Yellow R = Red**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

**COPD Management**

- Take your medications as prescribed and follow up with your doctors as directed.
- With COPD it is easier for you to get infections. Get your flu shot every year.
- Ask your doctor if you should get the pneumonia vaccine.
- Wash your hands often. Stay away from people who are sick.
- Eat smaller meals more often. It is easier to breathe when your stomach isn't full.
- If you smoke, it is time to quit. Keep your lungs from getting more damaged.
- Wash and replace tubing and equipment as instructed.

**Oxygen Safety**

- Always have a back-up supply of oxygen at home and when you go out.
- Make sure your utility company is aware you are on oxygen in the event of power failure.
- Never change how much oxygen is flowing unless told to by your doctor.
- **Never smoke when you are using oxygen. Follow all safety precautions.**

**My oxygen supplier's: Name \_\_\_\_\_ Phone # \_\_\_\_\_**

