



COPD ACTION PLAN



Patient Name: _____ Date: _____
 PHN: _____ Date of Birth: _____
 Family Contact: _____ Phone #: _____
 Physician: _____ Phone #: _____
 After Hours Phone #: _____

You have been diagnosed with **Chronic Obstructive Pulmonary Disease (COPD)**. As someone with COPD, you are either in your stable, everyday state or having a flare up. This Flare up Plan is a written contract between you and your doctor about how you will manage your COPD flare ups. This Plan will help you and your doctor to quickly recognize and treat flare ups to improve your health.

COPD (chronic obstructive pulmonary disease) has 2 states:

When you are am stable:

1. Breathing without shortness of breath
2. Able to do daily activities
3. Mucous is easy to cough up
4. Sleep well
5. Able to exercise as directed by physician

How to tell if you are having a flare up

A flare up may occur after you get a cold, get run down or are exposed to air pollution or very hot or cold weather. There are 3 things that define a flare up:

1. Increased shortness of breath from your usual level
2. Increased amount of sputum from your normal level
3. Sputum changes from its normal colour to yellow, green or rust colour

Some people may feel a change in mood, fatigue or low energy prior to a flare-up.

**If any 2 or all of these symptoms persist for 48 or more hours do the following:
 (Your physician will check the desired action plan for you)**

- Take your rescue inhaler 2-4 puffs as needed (up to 4-6 times per day) for shortness of breath.
- Contact your family doctor immediately for a check up and medication review.
- Take your prescribed antibiotic for a COPD flare up (see over).
- Take your prescribed prednisone for a COPD flare up (see over).
- Contact your doctor if you feel worse **or** do not feel better after 48 hours of treatment.
- Other _____

If you are extremely breathless, anxious, fearful, drowsy or having chest pain, call 911 for an ambulance to take you to the emergency room.

Physician Signature _____

Patient/Caregiver Signature _____

Please turn over

COPD MAINTENANCE MEDICATION RECORD

Patient Name: _____ Date: _____

PHN: _____ Date of Birth: _____

Family Contact: _____ Phone #: _____

Physician: _____ Phone #: _____

After Hours Phone #: _____

Patients: Take the following maintenance medications **every day** to help maintain control of your COPD symptoms.

Physicians: Please fill in prescribed maintenance medications.

Medication Prescribed	How Much to Take	When To Take

COPD FLARE-UP MEDICATION RECORD

Patients: Please fill in date when you start and finish your flare-up medications.

Physicians: Please fill in prescribed flare-up (antibiotics & prednisone) medications.

Medication Prescribed	Start Date / Finish Date	Start Date / Finish Date	Start Date / Finish Date

Make sure to take prescribed medication until all finished.

