

MY ACTION PLAN FOR COPD SIGNS AND SYMPTOMS

Use this guide to help you report changes in your symptoms to your doctor or nurse. *When you report symptoms early, you are less likely to have to go to the hospital.*

| I am stable, or doing well, when: | Action: |
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| <ul style="list-style-type: none"> • I can do my normal activities. • There is no change in my symptoms. • My usual medications are controlling my symptoms. | <ul style="list-style-type: none"> • Continue using your usual breathing medications, including oxygen, as prescribed by your doctor (<i>see back</i>). |

| I may be experiencing a moderate attack when: | Action: |
|--|--|
| <ul style="list-style-type: none"> • I am more short of breath with my normal activities. • I am coughing more than usual. • I have more sputum than usual. • There is a change in the color of my sputum. • I am wheezing more than usual. • I am more fatigued than usual. • I need my rescue medication more often. • I have no appetite. • I have more swelling of my ankles. | <ul style="list-style-type: none"> • Call your doctor and describe your symptoms. Consider starting the plan established with your lung doctor (<i>see back</i>). • Use pursed-lip breathing to help manage your shortness of breath. • Use Huff or Controlled cough techniques to help clear secretions. • Avoid eating large meals. |

| I am experiencing a severe attack when: | Action: |
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| <ul style="list-style-type: none"> • My symptoms have worsened. • My symptoms are not better after 48 hours of treatment. | <ul style="list-style-type: none"> • Call your doctor or go to the emergency room if you are unable to reach your doctor. |
| <ul style="list-style-type: none"> • I am extremely short of breath or have severe shortness of breath at rest. • I am unable to perform my normal activities (ie: dressing, bathing). • I have fever or chills. • I feel unusually sleepy or confused. • I have chest pain that won't go away. • My fingernails look grey or blue. | <ul style="list-style-type: none"> • CALL 911 RIGHT AWAY! |

PATIENT ACTION PLAN FOR: (pt. name)

DANBURY HOSPITAL
NEW MILFORD HOSPITAL

Plan established by: (MD signature / date) _____.

Pulmonologist /Lung Doctor _____

Phone # _____

Primary Care Doctor _____

Phone # _____

| | | | | |
|------------------------------|--|--------------|------------------|---------------|
| USUAL TREATMENT | Resting room air saturation _____% <input type="checkbox"/> CO2 retainer | | | |
| WHEN STABLE: | Oxygen liters/minute: _____@rest; _____w/activity; _____w/sleep | | | |
| BREATHING MEDICATIONS | DOSE | ROUTE | FREQUENCY | # DAYS |
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| MODERATE ATTACK | 1) Let your doctor know about your symptoms. 2) Start treatment plan below, as agreed upon with your doctor. | | | |
| MEDICATION | DOSE | ROUTE | FREQUENCY | # DAYS |
| Step 1: Use rescue medication if more short of breath than usual. | _____ puffs vs. _____ unit dose | Inhaler vs. nebulizer | Up to _____ times per day, as necessary. | |
| Step 2: Start prednisone if shortness of breath does not improve with Step 1. | _____ mg. _____ # pills | By mouth | _____ times per day. | |
| Start antibiotic if sputum becomes yellow or green. Antibiotic: _____ | _____ mg. _____ # pills | By mouth | _____ times per day | |

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| SEVERE ATTACK | Go to the emergency room or call 911 |
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