

COPD ACTION PLAN



(Review annually with your doctor)

Patie	nt Name: Date:
	Date of Birth:
are e	ave been diagnosed with Chronic Obstructive Pulmonary Disease (COPD). As someone with COPD, you other in your stable, everyday state or having a flare up. This Plan will help you to quickly recognize reat flare ups to manage your COPD and improve your health.
	(Chronic Obstructive Pulmonary Disease) can be stable or you could have a flare-up: n you are stable: Breathing with your usual shortness of breath Able to do your usual daily activities Mucous is easy to cough up
How	to tell if you are having a flare-up
	e up may occur after you get a cold, get run down or are exposed to air pollution, pollen or very hot ld weather. There are 3 things that define a flare-up: Increased shortness of breath from your usual level Increased amount of sputum from your usual level Sputum changes from its usual colour to yellow, green or rust colour
Some	people may feel a change in mood, fatigue or low energy prior to a flare-up.
Ifan	y 2 or all of these symptoms persist for 48 or more hours do the following:
	Take your rescue inhaler 2-4 puffs as needed (up to 4-6 times per day) for shortness of breath. 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. Call 811 if you have questions
	Other
<mark>911</mark>	OU ARE EXTREMELY BREATHLESS, ANXIOUS, FEARFUL, DROWSY, CONFUSED OR HAVING CHEST PAIN, CALL FOR AN AMBULANCE TO TAKE YOU TO THE EMERGENCY ROOM. cian Signature

Patient/Caregiver Signature_____

COPD MAINTENANCE MEDICATION RECORD

Pat	ient Name:	Date:		
HCN	N:	Date of Birth:		
	tients: Take the following n	naintenance medications <u>ever</u> y	rday to help maintain cont	rol of your COPD
Ph	ysicians: Please fill in presc	ribed maintenance medication	ns.	
	Medicatio	on 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	Start Date / Finish	Start Date / Finish

Make sure you take your prescribed medications until finished.

Please review this plan with your doctor at least annually.



