

My COPD Action Plan

Patient's Copy

(Patient's Name)

Date _____



Canadian Respiratory
Guidelines



This is to tell me how I will take care of myself when I have a COPD flare-up.

My goals are _____

My support contacts are _____ and _____
(Name & Phone Number) (Name & Phone Number)

My Symptoms	I Feel Well	I Feel Worse	I Feel Much Worse
I have sputum.	My usual sputum colour is: _____	Changes in my sputum, for at least 2 days . Yes <input type="checkbox"/> No <input type="checkbox"/>	My symptoms are not better after taking my flare-up medicine for 48 hours.
I feel short of breath.	When I do this: _____ _____	More short of breath than usual for at least 2 days . Yes <input type="checkbox"/> No <input type="checkbox"/>	I am very short of breath, nervous, confused and/or drowsy, and/or I have chest pain.

My Actions	Stay Well	Take Action	Call For Help
	I use my daily puffers as directed.	If I checked 'Yes' to one or both of the above, I use my prescriptions for COPD flare-ups.	I will call my support contact and/or see my doctor and/or go to the nearest emergency department.
If I am on oxygen, I use _____ L/min.	I use my daily puffers as usual. If I am more short of breath than usual, I will take ___ puffs of _____ up to a maximum of ___ times per day.	I will dial 911.	

Notes:

I use my breathing and relaxation methods as taught to me. I pace myself to save energy.

If I am on oxygen, I will increase it from ___ L/min to ___ L/min.

Important information: I will tell my doctor, respiratory educator, or case manager **within 2 days** if I had to use any of my flare-up prescriptions. I will also make follow-up appointments to review my COPD Action Plan twice a year.