# My COPD Action Plan

Patient's Copy

_____ Date _____
(Patient's Name)

Canadian Respiratory Guidelines

COPD
Treatable. Preventable.

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 URGENT |
|---|---|---|---|
| I have sputum. | My usual sputum colour is: _____ | Changes in my sputum, for **at least** 2 days. *Yes* ☐ *No* ☐ | My symptoms are not better after taking my flare-up medicine for 48 hours. |
| I feel short of breath. | When I do this: _____ _____ | OR<br>More short of breath than usual for **at least** 2 days. *Yes* ☐ *No* ☐ | 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.** |
| | | I use my breathing and relaxation methods as taught to me. I pace myself to save energy. | **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. |
| | | If I am on oxygen, I will increase it from ___ L/min to ___ L/min. | |

**Notes:**

THE LUNG ASSOCIATION™ L'ASSOCIATION PULMONAIRE

CANADIAN SOCIÉTÉ THORACIC SOCIETY CANADIENNE DE THORACOLOGIE

Produced in collaboration with the *COPD & Asthma Network of Alberta (CANA)*. *The Canadian Thoracic Society (CTS)* acknowledges the past contributions of *Living well with COPD* and the *Family Physician Airways Group of Canada*.

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## Prescriptions for COPD flare-up (Patient to take to pharmacist as needed for symptoms)

These prescriptions may be refilled two times each, as needed, for 1 year, to treat COPD flare-ups. Pharmacists may fax the doctor's office once any part of this prescription has been filled.

_____ _____
Patient's Name Patient Identifier (e.g. DOB, PHN)

1. (A) If **the colour** of your sputum **CHANGES**, start antibiotic _____ Dose:_____ #pills:_____
How often_____ for #days:____

(B) If the first antibiotic was taken for a flare-up in the **last 3 months**, use this different antibiotic instead:
Start antibiotic _____ Dose:_____ #pills:_____
How often_____ for #days:____

**AND / OR**

2. If you are **MORE short of breath** than usual, start prednisone _____ Dose:_____ #pills:_____
How often:_____ for #days:____

Once I start any of these medicines, **I will tell** my doctor, respiratory educator, or case manager within **2 days**.

_____ _____ _____
Doctor's Name Doctor's Fax Doctor's Signature

_____ _____
License Date



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