

# My COPD Action Plan

**Patients and healthcare providers should complete this action plan together. This plan should be discussed at each visit and updated as needed.**

The green, yellow and red zones show symptoms of COPD. The list of symptoms is not complete. You may experience other symptoms. In the “Actions” column, your healthcare provider will recommend actions for you to take. Your healthcare provider may write down other actions in addition to those listed here.

## Green Zone: I am doing well today

- Usual activity and exercise level
- Usual amounts of cough and phlegm/mucus
- Sleep well at night
- Appetite is good

## Actions

- Take daily medicines
- Use oxygen as prescribed
- Continue regular exercise/diet plan
- Avoid tobacco product use and other inhaled irritants
- \_\_\_\_\_

## Yellow Zone: I am having a bad day or a COPD flare

- More breathless than usual
- I have less energy for my daily activities
- Increased or thicker phlegm/mucus
- Using quick relief inhaler/nebulizer more often
- More swelling in ankles
- More coughing than usual
- I feel like I have a “chest cold”
- Poor sleep and my symptoms woke me up
- My appetite is not good
- My medicine is not helping

## Actions

- Continue daily medication
- Use quick relief inhaler every \_\_\_\_\_ hours
- Start an oral corticosteroid (specify name, dose, and duration)  
\_\_\_\_\_
- Start an antibiotic (specify name, dose, and duration)  
\_\_\_\_\_
- Use oxygen as prescribed
- Get plenty of rest
- Use pursed lip breathing
- Avoid secondhand smoke, e-cigarette aerosol, and other inhaled irritants
- Call provider immediately if symptoms do not improve
- \_\_\_\_\_

## Red Zone: I need urgent medical care

- Severe shortness of breath even at rest
- Not able to do any activity because of breathing
- Not able to sleep because of breathing
- Fever or shaking chills
- Feeling confused or very drowsy
- Chest pains
- Coughing up blood

## Actions

- Call 911 or seek medical care immediately
- While getting help, immediately do the following:
- \_\_\_\_\_

## General Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Healthcare Provider Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs FEV1 % Predicted: \_\_\_\_\_ Oxygen Saturation at Exercise: \_\_\_\_\_ % Tested for Alpha-1?  
 Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_  Yes  No Date: \_\_\_\_\_

## General Lung Care

Flu vaccine \_\_\_\_\_ Date received: \_\_\_\_\_ Next Flu vaccine due: \_\_\_\_\_  
 Pneumococcal conjugate vaccine (PCV13)  Yes  No Date received: \_\_\_\_\_ Next PCV13 vaccine due: \_\_\_\_\_  
 Pneumococcal polysaccharide vaccine (PPSV23)  Yes  No Date received: \_\_\_\_\_ Next PPSV23 vaccine due: \_\_\_\_\_  
 COVID19 vaccine  Yes  No Tobacco use, including e-cigarettes  Never  Past  Current  
 Exercise plan  Yes  No  Walking  Other \_\_\_\_\_ Pulmonary rehabilitation  
 \_\_\_\_\_ min/day \_\_\_\_\_ days/week Date last attended: \_\_\_\_\_  
 Diet plan  Yes  No Goal Weight: \_\_\_\_\_

## Medications for COPD

Purpose of Medicine	Name of Medicine	How Much to Take	When to Take

## My Quit Plan

**Advise:** Firmly recommend quitting tobacco use  Discuss use of medications, if appropriate: \_\_\_\_\_  
 **Assess:** Readiness to quit  Freedom From Smoking®  Lung HelpLine  
 Lung.org/ffs 1-800-LUNG-USA  
 **Encourage:** To pick a quit date  
 **Assist:** With a specific cessation plan that can include materials, resources, referrals and aids

## Oxygen

Resting: \_\_\_\_\_ Increased Activity: \_\_\_\_\_ Sleeping: \_\_\_\_\_

## Advanced Care and Planning Options

Advance Directives (incl. Healthcare Power of Attorney): \_\_\_\_\_

## Other Health Conditions

Anemia  Anxiety/Panic  Arthritis  Blood Clots  Cancer  Depression  
 Diabetes  GERD/Acid Reflux  Heart Disease  High Blood Pressure  Insomnia  Kidney/Prostate  
 Osteoporosis  Sleep Apnea  Other: \_\_\_\_\_