

# 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:<br>_____ | Changes in my sputum, for <b>at least 2 days.</b> 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:<br>_____<br>_____   | More short of breath than usual for <b>at least 2 days.</b> 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 <b>prescriptions</b> 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 <b>more</b> short of breath than usual, I will take ___ puffs of _____ up to a <b>maximum</b> of ___ times per day. | <b>I will dial 911.</b>  |

**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.

**My COPD Action Plan** \_\_\_\_\_ Date \_\_\_\_\_  
Patient's Copy (Patient's Name)

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)

**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