

PERSONALIZED GUIDE

My COPD Action Plan

This Plan Belongs To:

Name: _____
Phone: _____

Doctor's Contact:

Name: _____
Phone: _____

Emergency Contact:

Name: _____
Phone: _____

**This action plan should be completed and implemented in consultation with your physician/healthcare provider.
This plan should also be discussed at each visit with your physician/healthcare provider.**

COPD Is Well Controlled

I Feel Well Today

- It is easy to breathe (my shortness of breath is at its usual level)
- I am sleeping comfortably
- I can perform my daily routines
- I have a normal cough and mucus

What Should I Do?

Take daily medication as prescribed
Use oxygen as directed
Use airway clearance/OPEP device as directed by your healthcare provider
Avoid your COPD triggers (i.e. smoke)
Additional actions _____

Medication/Therapy	Dose	Times Per Day

COPD Symptoms are Flaring Up

I Feel Bad Today

- I am having difficulty breathing
- I am having trouble sleeping
- I am careful in my usual activities
- My cough is worse than usual, with more mucus production
- I feel unusually tired

What Should I Do?

Continue daily medication as prescribed
Report symptoms to healthcare provider
Use rescue inhaler every ____ hours
Use airway clearance/OPEP device as directed by your healthcare provider
Avoid your COPD triggers (i.e. smoke)
Additional actions _____

Medication/Therapy	Dose	Times Per Day

Time To Get Help

Emergency!

- I have unusual shortness of breath, even at rest
- I have severe chest pain
- I am unable to do my regular activities
- I feel disoriented and/or confused
- There is blood in my mucus

What Should I Do?

Call 911 Now (CANADA & USA)
Access Emergency Help
Take special medication prescribed and directed by healthcare provider (specify name, dose, duration)

While waiting for help:

Medication/Therapy	Dose	Times Per Day

Other Health Conditions: _____