Action Plan

LivingWell with COPD™

I Feel Much Worse

My Symptoms	My Actions
• My symptoms have gotten worse. OR • After 48 hours of taking my antibiotic and/or prednisone treatment my symptoms are not better.	• I call my healthcare professional • After 5 pm or on the weekend, I go to the hospital emergency department.

I Feel I am in Danger

My Symptoms	My Actions
In any situation if: • I am very short of breath. • I am confused and/or drowsy (especially if on oxygen). • I have chest pain.	• **I dial 911 for an ambulance to take me to the hospital emergency department.**

Other recommendations from my doctor about my Action Plan:

_____

_____

_____

My name is :

Contact List:

Service	Name	Phone number/E-mail

I Feel Well

My Usual Symptoms

- On a good day, what is your breathing like? _____
- On a good day, what activity usually makes you short of breath? _____
- I cough up phlegm daily. ☐ No ☐ Yes, colour: _____
- Other usual symptoms: _____
- I cough regularly. ☐ No ☐ Yes

My Actions

- I sleep and eat well, I do my usual activities and exercises and I take my medication as prescribed.

My Regular Treatment is:

Medication	Number of Puffs/pills	How many times/day

I Feel Worse

My Symptoms	My Actions
• **Changes in my phlegm (colour, amount, thickness)** • **More shortness of breath than usual** Note that these changes may happen after a runny nose, cough and/or sore throat.	• I start taking my **additional treatment** as prescribed. • I avoid things that make my symptoms worse. • I use my breathing, relaxation, body position and energy conservation techniques. • I contact my healthcare professional on my contact list. _____

CHANGES IN MY PHLEGM

MORE SHORTNESS OF BREATH THAN USUAL

My additional treatment is:

• **I start my ANTIBIOTIC if my phlegm becomes**

_____

I check my phlegm **colour**, amount and thickness (not only in the morning).
I do not wait more than 48 hours to start my antibiotic.

Antibiotic	Dose	Number of Puffs	Frequency/days

Comments:

STEP 1

• **I increase my RELIEVER (broncholidator) if I am MORE SHORT OF BREATH than usual.**

Bronchodilator	Number of Puffs	Frequency/days

Comments:

STEP 2

• **I start my PREDNISONE if after increasing my RELIEVER my SHORTNESS OF BREATH DOES NOT IMPROVE and I have difficulty performing my usual activities.**

I do not wait more than 48 hours to start my prednisone.

Prednisone	Dose	Number of Pills	Frequency/days

Comments: