

COPD Acute Exacerbation Action Plan

ACTION PLAN FOR: _____ **HSN:** _____ **DOB:** _____

This plan provides information on what I may feel when my COPD gets worse and what I can do to take care of myself when I have a flare-up of COPD.

WHEN I FEEL WELL	ACTION: (my usual care)
<ul style="list-style-type: none"> • My breathing problems have not changed. • I have the usual amount of cough and phlegm/mucus. • Color of my phlegm is unchanged. • My activity level is unchanged. • My appetite is good, and sleep unchanged from usual. 	<ul style="list-style-type: none"> • Continue taking medications daily as prescribed. • Continue healthy diet and regular exercise. • Avoid things that make my symptoms – cigarette smoke and other irritants. • If I am already on oxygen, continue to use _____L as prescribed.
WHEN I FEEL DIFFERENT (having a COPD flare-up or infection)	ACTION:
<ul style="list-style-type: none"> • I am more short of breath than usual. • I may be coughing more than usual and/or wheezing. • I may have more phlegm. • Color of my phlegm has changed. • I need to use my quick relief inhaler more than usual. • I may have less energy for my daily activities. 	<ul style="list-style-type: none"> • If change in symptoms less than 1 day: • Avoid or decrease exposure to irritants. • Continue all routine medications and oxygen if prescribed. • Use quick relief inhaler every _____ hours. • If change in symptoms more than 1 day: • Start PRESCRIPTIONS FOR COPD FLARE-UP: • Prednisone _____ for _____ days • Antibiotic _____ for _____ days • I will call my health care provider. • I will make an appointment in clinic even if my symptoms are improving.
WHEN I FEEL THAT I AM IN DANGER	ACTION: (urgent)
<ul style="list-style-type: none"> • My symptoms are getting worse. • I am more short of breath even at rest. • I am not able to sleep because of my breathing. • I am very short of breath; I have fever or chills; I feel confused and/or drowsy; I have chest pain. 	<ul style="list-style-type: none"> • I will seek medical care immediately – either contact my doctor/nurse practitioner or go to the local hospital. • I will phone 911 for an ambulance to take me to hospital.

Important Information: Make a follow-up appointment with your doctor/nurse practitioner to review your plan of action at least once a year, and more often if you use your COPD flare-up medications twice within 3 months

Health Care Provider Name: _____ **Signature:** _____ **Date:** _____