## MY COPD ACTION PLAN

Your doctor, nurse and other members of your healthcare team can help you fill in your COPD Action Plan. Review it each year, and also after a flare-up.

| ACTION PLAN and also   | after a flare-up.   |  |  |  |
|--|---|--|--|--|
| MY DETAILS   | MY HEALTHCARE TEAM  |  |  |  |
| Name   | Doctor  |  |  |  |
| Date of birth  | Phone   |  |  |  |
| Date of influenza immunisation (annual)  | Other members of your healthcare team Name  |  |  |  |
|  | Profession  |  |  |  |
| Date of pneumococcal immunisation  | on for after hours advice.  |  |  |  |
| I have a usual amount of phlegm/breathle   | ssness. I can do my usual activities.   |  |  |  |
| ACTION: Take your usual COPD medicines.  My FEV1 is                                | retain CO <sup>2</sup> Yes No Unknown   |  |  |  |
|  |   |  |  |  |
| Medicine Inhaler colour  | Number of puffs Times per day   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
| I need to use home oxygen on setting or L/n  | nin for hours /day.   |  |  |  |
| I am coughing more. I have more phlegm.  | It is harder to breathe than normal.  |  |  |  |
| <b>ACTION:</b> Take your flare-up medicines. Monitor y                             | our COPD symptoms closely. Call your doctor.                                      |  |  |  |
| Take puffs of (reliever)   | times every hours / A.M. / P.M. (circle)  |  |  |  |
| I have taken my extra medicines but I am   | not getting better.   |  |  |  |
| Take action <u>now</u> to manage your symptoms.                                    | Call your doctor.   |  |  |  |
| Shortness of breath or wheeze  | Phlegm has changed colour or fever  |  |  |  |
| ACTION: Take prednisolone tablets  1mg, 5mg, 25mg (circle) times per day for days. | ACTION: Take antibiotic tablets times per day for days. Antibiotic name           |  |  |  |
| My COPD symptoms have changed a lot.   | am worried.   |  |  |  |
| Difficulty sleeping/woken easily<br>Blood in phlegm or swollen ankles.             | Very short of breath/wheezy High fever or confusion Chest pain or slurred speech. |  |  |  |
| ACTION: Call your healthcare team today.   | ACTION: Call 000 now.   |  |  |  |

CAUTION: Ambulance/Paramedics: Oxygen supplementation to maintain SpO<sup>2</sup> 88 - 92% to reduce risk of hypercar

| Health professional authorisa                    | tion   |           |                 |    |
|--|--------|-----------|-----------------|----|
| This COPD Action Plan was prepared on            | /      | /         | by              |    |
|  | in con | sultation | with the patien | t. |
| Signature:                                       |        |           |                 |    |
| Profession:                                      |        |           |                 |    |
| Authorised by (if prepared by a non-prescriber): |        |           |                 |    |
| Signature:                                       |        |           |                 |    |
| Entered into recall system                       |        |           |                 |    |



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## Get to know your baseline

Your baseline is when you feel your usual self. You may have one or more symptoms at your baseline. Think about:

• How breathless you feel at rest • Your usual amount of phlegm • The colour of your phlegm • How well you sleep

Breo® Ellipta®

Atrovent®

Fluticasone + Salmeterol Cipla®/SalplusF® MDI

## You can reduce the risk of a flare-up

COPD flare-ups are serious health events. There are things you can to do reduce







Trelegy® Ellipta®

