

My COPD Action Plan

About Your Action Plan

The green, yellow, and red zones show symptoms of COPD. You may have other symptoms that are not listed in the zones. In the “Actions” column, your primary care provider or lung doctor (pulmonologist) will suggest things you should do. They may also add other actions for you.

You should **discuss and update your COPD action plan** with your primary care provider and/or pulmonologist each year or when you have a flare up.

My Support Team

My support person: _____

Phone number: _____

My pulmonologist: _____

Phone number: _____

My primary care provider: _____

Phone number: _____

Other care team members: _____

Phone number: _____

If I am unwell, I can call _____
on _____ for after-hours advice.

Green Zone: I am doing well today.

Symptoms

- I have usual amounts of coughing and phlegm/mucus
- I have the same energy level
- I am sleeping well at night
- My appetite is good

Actions

- Take daily medicines
- Continue regular exercise/diet plan
- Avoid tobacco products
- Use oxygen as prescribed

Medicine	Inhaler Color	Number of Puffs	Times per day

- ☐ Use of a spacer
- ☐ Use of Aerobika® or Acapella®

Yellow Zone: I am having a bad day.**Symptoms**

- I am having trouble breathing
- I have less energy
- I have increased thick phlegm/mucus
- I am using my relief inhaler/nebulizer often
- I have swelling in my ankles
- I am coughing more than usual
- I feel like I have a “chest cold”
- I am not sleeping well because of my symptoms
- My appetite is not good
- My medicine is not helping

Actions

- **Continue taking daily medicines**
- Get plenty of rest
- Use oxygen as prescribed
- Use breathing techniques
- Avoid tobacco products

Medicine	How much to take	When to take

If I have more phlegm, coughing more, and/or having difficulty breathing, I will use my:

- ☐ **Rescue inhaler** (with/without a spacer): Take _____ number of puffs of _____ (reliever inhaler) _____ times per day every _____ hours/A.M./P.M.
- ☐ **Nebulizer:** I will use my _____, _____ times per day every _____ hours/A.M./P.M.
- ☐ Use of Aerobika® or Acapella®

If my rescue inhaler or nebulizer does not work and my symptoms are the same and/or getting worse, I will call my doctor for a corticosteroid and/or more medicine(s).

Red Zone: My symptoms have changed a lot.**Symptoms**

- I have severe shortness of breath
- I cannot do any activity because of my breathing
- I cannot sleep because of my breathing
- I have fever and/or chills
- I feel confused and/or drowsy
- I have chest pain
- I am coughing up blood

Actions

- **I will call 911 now or seek medical care immediately**

While getting help, I will:

- **Use my rescue medicine**
- Save my energy
- Contact my support person (if they are not with me)

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 1/2023 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#8258