

COPD Action Plan

Patient Name:	Date of Birth:
GP Name:	GP Phone:
	After Hours Phone:
Consultant Name:	Consultant Phone:
Outreach/Community Nurse Phone:	Ambulance Phone:

USUAL TREATMENT WHEN STABLE:	Best FEV ₁ _____ Best FVC _____
	Room air O ₂ saturation _____ % <input type="checkbox"/> CO ₂ Retainer
	Oxygen: l/min _____ hrs/day _____

MY REGULAR MEDICATION/S	STRENGTH	DOSE	ROUTE <small>MDI + SPACER / DPI / NEBULISER / ORAL</small>	HOW OFTEN
1				
2				
3				
4				
5				
6				

MODERATE ATTACK <small>(UNWELL BUT NOT SEVERE)</small> • NOTIFY GP OR OTHER HEALTH PROFESSIONAL	<ul style="list-style-type: none"> • More wheezy / breathless • Increased cough and sputum • Change in colour of sputum • Loss of appetite / sleep • Taking more reliever medication than usual 	OTHER HELPFUL TIPS <ul style="list-style-type: none"> • Eat small amounts more often • Use controlled breathing techniques • Use a huff and puff cough to clear secretions • Use anxiety/stress management techniques
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EXTRA RELIEVER	STRENGTH	DOSE	ROUTE	HOW OFTEN
1				
2				
3				

PREDNISOLONE <small>(reducing schedule)</small>	STRENGTH	TABS/DOSE	DAYS
start			
then			
then			
then			

ANTIBIOTIC	STRENGTH	DOSE	ROUTE	HOW OFTEN
1				
2				

SEVERE ATTACK <ul style="list-style-type: none"> • Call ambulance - 000 or ph: _____ • Show them this plan and say you have severe COPD 	My Symptoms: <ul style="list-style-type: none"> • Unable to perform normal activities e.g. dress, bathe • Fever / chills • Increased swelling of ankles • Extremely short of breath
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NAME:	SIGNATURE:	DATE:
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CHRONIC OBSTRUCTIVE PULMONARY DISEASE

The condition 'Chronic Obstructive Pulmonary Disease' (COPD) is often referred to as chronic bronchitis and emphysema. 'Chronic' means that the problem won't go away but can usually be controlled. COPD is mostly caused by smoking. In COPD the airways have become narrow and damaged and it is harder to breathe. Chronic bronchitis means the air passages are inflamed, which causes cough and excess phlegm. If you stop smoking, the phlegm usually dries up! People with COPD tend to get worse with chest infections and during cold weather. Good treatment will help you get better quicker.

What can I do to keep well?

C onfirm diagnosis

The diagnosis and severity of COPD are determined by breathing tests such as spirometry, x-rays, and blood tests to measure oxygen and carbon dioxide levels. These tests help to exclude other conditions. The doctor should test whether your airway narrowing is reversible, i.e. can improve with treatment (possibly including a trial of oral or inhaled corticosteroids).

O ptimise function

There are no medications that will cure COPD but they can make you feel better. Improving your lifestyle is the best thing you can do. Ask your GP, specialist or other health care workers to help work out the best treatment for you.

- Exercise for 30 minutes most days of the week – it's as simple as walking for ten minutes three times a day. Consider joining an exercise group or rehabilitation program.
- Optimise weight and nutrition. Eat a balanced diet, decrease alcohol consumption and avoid sedatives.
- Maintain good sleep habits.
- Ask your Doctor to refer you to a pulmonary rehabilitation program.

P revent deterioration

There is a gradual decrease in lung function with age. Smoking accelerates this decline.

- Quit smoking – it is never too late
- Have a flu vaccine (annual) and pneumonia vaccine (5 yearly).
- See your GP and Specialist regularly to check your progress.
- Get your oxygen level checked – oxygen therapy may prevent complications and prolong your life.

D evelop a self-management and support plan

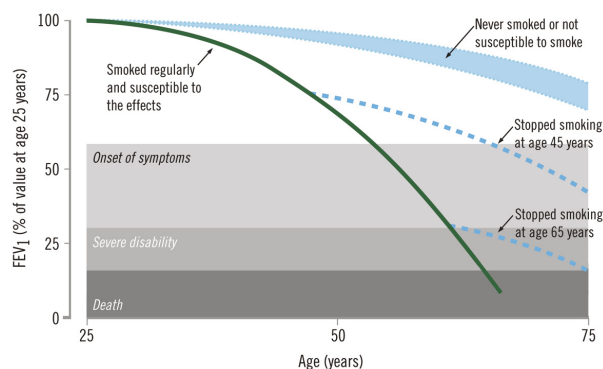
Playing an active role in your health is important.

- You should have a self-management plan agreed by you, your GP, specialist and other health care workers.
- You and your carer / support person should receive education about COPD and its treatment.
- Contact the LungNet Support Line on 1800 654 301 for more information.

e X acerbations (when you get worse)

You should increase your treatment early when you are unwell. You should have an action plan completed by your doctor and a ready supply of any medications needed (eg antibiotics, prednisolone).

- Notify your GP and (if appropriate) your community nurse / case manager.
- People are often given high flow oxygen when they are extremely breathless, however this may be harmful if you have COPD. If your doctor advises low flow rates (eg 0.5 - 2.0 litres per minute) you should have a medic alert bracelet stating this.



Adapted from Fletcher C. Peto R, *Br Med J* 1977; 1: 1645-8

With good treatment your Quality of Life can be improved!

For more information contact The Australian Lung Foundation on 1800 654 301

