

PERSONALIZED GUIDE

# My COPD Action Plan

This Plan Belongs To:

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

Doctor's Contact:

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

**This action plan should be completed and implemented in consultation with your physician/healthcare provider.  
This plan should also be discussed at each visit with your physician/healthcare provider.**

COPD Is Well Controlled

## I Feel Well Today

- It is easy to breathe (my shortness of breath is at its usual level)
- I am sleeping comfortably
- I can perform my daily routines
- I have a normal cough and mucus

### What Should I Do?

Take daily medication as prescribed  
Use oxygen as directed  
Use airway clearance/OPEP device as directed by your healthcare provider  
Avoid your COPD triggers (i.e. smoke)  
Additional actions \_\_\_\_\_

Medication/Therapy	Dose	Times Per Day

COPD Symptoms are Flaring Up

## I Feel Bad Today

- I am having difficulty breathing
- I am having trouble sleeping
- I am careful in my usual activities
- My cough is worse than usual, with more mucus production
- I feel unusually tired

### What Should I Do?

Continue daily medication as prescribed  
Report symptoms to healthcare provider  
Use rescue inhaler every \_\_\_\_ hours  
Use airway clearance/OPEP device as directed by your healthcare provider  
Avoid your COPD triggers (i.e. smoke)  
Additional actions \_\_\_\_\_

Medication/Therapy	Dose	Times Per Day

Time To Get Help

## Emergency!

- I have unusual shortness of breath, even at rest
- I have severe chest pain
- I am unable to do my regular activities
- I feel disoriented and/or confused
- There is a blood in my mucus

### What Should I Do?

**Call 911 Now (CANADA & USA)**  
**Access Emergency Help**  
Take special medication prescribed and directed by healthcare provider (specify name, dose, duration)  
\_\_\_\_\_  
While waiting for help:  
\_\_\_\_\_

Medication/Therapy	Dose	Times Per Day

Other Health Conditions: \_\_\_\_\_