

Appendix N: Plan of Action for Managing Acute Exacerbation of COPD

Sample 1:

Contact List

Service	Name	Phone Number
Respirologist		
Family Physician		
Contact Person		
After 5 p.m. on weekdays/weekends		
Hospital Emergency		
Others:		

I Feel Well

My Symptoms		My Actions	
<ul style="list-style-type: none"> ■ I sleep well and my appetite is good. ■ I am able to do my exercises. 		<ul style="list-style-type: none"> ■ I avoid things that may make my symptoms worse. ■ I plan each day in advance. ■ I take my medication as prescribed by my doctor. ■ I eat healthy food. ■ I do my exercises on a regular basis. 	
My Regular Treatment			
Name of Medication	Dose	Number of Puffs/Pills	Frequency

I Feel Different (environment/stress)

My Symptoms	My Actions
<ul style="list-style-type: none"> ■ I am more short of breath than usual ■ I may have sputum, a cough or a wheeze 	
I have been exposed to . . .	
. . . Stressful Situation	<ul style="list-style-type: none"> ■ I use my breathing techniques and try to relax first. ■ I position my body so I am less short of breath. ■ I take ____ puffs of _____.
. . . Pollutants, Sudden Changes in Temperature, Humidity, Wind or Strong Exercise	<ul style="list-style-type: none"> ■ I take ____ puffs of _____ and repeat each 20 to 45 minutes, for 2 to 3 times. ■ I avoid or decrease exposure to these factors. ■ I use my breathing techniques and try to relax.

I Feel Different (respiratory infection)

I have at Least 2 of the Following Symptoms	My actions			
<ul style="list-style-type: none"> ■ Increased shortness of breath. ■ Increased volume of sputum. ■ Yellow or green sputum 				
I have developed . . .				
. . . a Respiratory Infection	<ul style="list-style-type: none"> <input type="checkbox"/> I increase my inhaled bronchodilators as recommended by my doctor. <input type="checkbox"/> I notify my contact person or doctor for advice. <input type="checkbox"/> I take my antibiotic and my anti-inflammatory as recommended by my doctor. 			
My Additional Treatment is . . .				
Bronchodilators	Dose	#puffs/pills	Frequency	# of days
Antibiotic	Dose	pills	Frequency	# of days
Anti-Inflammatory	Dose	#puffs/pills	Frequency	# of days

My Symptoms Continue to Get Worse

My Symptoms	My Actions
. . . have not improved or they have become worse	<ul style="list-style-type: none"> ■ I call my contact person. ■ After 5 p.m. or on the weekend, and I am unable to wait, I will go to the hospital or a walk-in clinic.

I Feel I am in Danger

My Symptoms	My Actions
In any situation if: <ul style="list-style-type: none"> ■ I am very short of breath, agitated, confused and/or drowsy. ■ I have chest pain. 	<ul style="list-style-type: none"> ■ I will dial 911 for an ambulance to take me to the nearest hospital emergency
Other Doctor Recommendations	

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 Bourbeau, J., Nault, D., & Borycki, E. (2002). *Comprehensive management of chronic obstructive pulmonary disease*. Hamilton, Ontario: B.C. Decker, Inc.

Sample 2:

Action Plan

CHRONIC OBSTRUCTIVE PULMONARY DISEASE ACTION PLAN	
Name	_____
Family Doctor	_____
Dr's Telephone (day)	_____
Practice Nurse	_____
After Hours	_____
* Every Fall See Your Doctor For An Influenza Vaccination	

ACTION PLAN FOR PEOPLE WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE

WHEN YOU ARE WELL-KNOW THE FOLLOWING	ACTION
<ul style="list-style-type: none"> ■ How much you can do each day ■ How your breathing is at rest and during activity ■ What makes your breathing worse ■ What your appetite is like ■ How well you sleep ■ How much phlegm you have, and its colour 	<ul style="list-style-type: none"> ■ Have something to look forward to each day ■ Plan ahead – allow enough time to do things ■ Exercise every day but pace yourself ■ Eat a balanced diet – drink adequate fluids ■ Avoid factors that make you worse
WORSENING SYMPTOMS	ACTION
<ul style="list-style-type: none"> ■ More breathless or wheezy than usual ■ Reduced energy for daily activities ■ Loss of appetite ■ Increasing tiredness and poor sleep ■ Change in amount and /or colour of phlegm ■ Other 	<ul style="list-style-type: none"> ■ Phone your medical practice and discuss <ol style="list-style-type: none"> 1. Changes in symptoms 2. Temporary assistance for difficult activities 3. Medications ■ Re-schedule your day- allow more time ■ Get plenty of rest and use relaxation techniques ■ Use controlled breathing techniques ■ Huff and cough to clear phlegm ■ Eat small amounts more often ■ Drink adequate fluids
SEVERE SYMPTOMS	ACTION
<ul style="list-style-type: none"> ■ You are not getting better ■ Other 	<ul style="list-style-type: none"> ■ CONTACT YOUR DOCTOR FOR AN URGENT APPOINTMENT
DANGER SIGNS	ACTION
<ul style="list-style-type: none"> ■ Very short of breath at rest ■ Chest pain ■ High fever ■ A feeling of agitation, fear, drowsiness or confusion ■ Other 	<p>DIAL 911</p> <ul style="list-style-type: none"> ■ For an ambulance or go to the nearest emergency department

MEDICATION OPTIONS FOR WORSENING SYMPTOMS

RELIEVER

Take extra _____ inhaler/nebulizer as needed up to _____

ANTIBIOTIC

Take _____ mg. (_____ tablets) _____ times a day for _____ days

PREDNISONE

Take Prednisone _____ mg (_____ tablets) daily for _____ days

Then Prednisone _____ mg (_____ tablets) daily for _____ days

CONTACT your doctor if you are not getting better

My FEV₁ was _____ on _____ (date)

My PaO₂ was _____ on _____ (date)

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