Lemon-AID
Medical Management

COPD ACTION PLAN AND SELF-MANAGEMENT GUIDE

Part 1 of this document is your action plan: what a good day looks like, how to recognize a bad day early, and when to get help immediately. Part 2 is about the things that keep bad days from happening in the first place. Keep it somewhere you will see it, and bring it to every appointment. Acting on a bad day early is what keeps a flare-up from becoming a hospital stay.

PART 1: MY COPD ACTION PLAN

Name of Patient (Printed) _____

Date of Birth _____

Date This Plan Was Set _____

Emergency Contact Name _____

Emergency Contact Phone _____

MY CARE TEAM

Primary Care Provider _____

Office Hours _____

Daytime Phone _____

After-Hours Phone _____

Pulmonologist _____

Care Manager _____

Care Manager Phone _____

Preferred Pharmacy _____

MY MEDICATIONS AND IMMUNIZATIONS

Medicine	How Much and How Often	What It Is For

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Medicine	How Much and How Often	What It Is For

My rescue (quick-relief) inhaler _____

Do I use a spacer? _____ Yes _____ No

Home oxygen prescribed? _____ Yes, _____ L/min, _____ hours per day _____ No

Rescue pack prescribed? _____ Yes _____ No

Influenza immunization date _____

Pneumococcal immunization date(s) _____

COVID-19 immunization date(s) _____

RSV immunization date _____

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MY ZONES

GREEN ZONE — A GOOD DAY. STAY WELL.

I am in the green zone when:

- My activity level is normal for me
- No shortness of breath beyond my usual
- My phlegm is the usual amount and the usual color
- My appetite is good
- I am sleeping well at night

WHAT TO DO:

- Keep taking your medications as prescribed, including on good days
- Keep up your regular exercise and eating plan
- Stay away from cigarette smoke, including other people's
- Keep your follow-up appointments with your provider and care manager
- Keep your rescue inhaler and spacer with you

YELLOW ZONE — A BAD DAY. TAKE ACTION TODAY.

I am in the yellow zone when I have two or more of these:

- Less energy for daily activities
- More shortness of breath than usual
- More phlegm than usual, or thicker phlegm
- More coughing than usual
- Symptoms are affecting my sleep
- Swelling in my ankles that is new or worse
- Needing my rescue inhaler more often than usual

WHAT TO DO:

- Keep taking your daily medications
- Use your short-acting rescue inhaler as prescribed
- Use pursed-lip breathing
- Sit upright and rest, and try to stay calm — anxiety makes breathlessness worse
- Call your care manager or provider today

START YOUR RESCUE PACK (if one has been prescribed for you) only if BOTH of these are true: your phlegm is increasing AND getting darker, yellow, or green, and your shortness of breath is increasing. Call us when you start it, not after you finish it.

My rescue pack antibiotic and dose _____

My rescue pack steroid and dose _____

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How many days to take each _____

RED ZONE — EMERGENCY. GET HELP NOW.

I am in the red zone when I have any one of these:

- Wheezing or chest tightness while sitting still
- Chest pain that does not go away
- Unable to do any of my daily activities
- Unable to sleep because of my breathing
- Fever or shaking chills
- Feeling confused, very drowsy, or hard to wake
- Coughing up blood
- Lips or fingertips turning blue or gray

WHAT TO DO: Call your provider right away to be seen. If you cannot reach them, or if you are struggling to breathe, confused, or your lips or fingertips are blue — call 911. Do not drive yourself.

Provider to call _____

Phone number _____

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PART 2: MANAGING MY COPD EVERY DAY

Part 1 tells you what to do on a bad day. This part is about what keeps bad days from happening.

TAKE YOUR MEDICATIONS EVERY DAY

- Carry a list of your medications with you at all times. If you are not sure what each one is for, or how and when to take it, ask your provider or care manager to write it out.
- Keep your short-acting rescue inhaler and spacer with you at all times — not in a drawer at home.
- Know which of your inhalers is the rescue one. Many people mix up the daily inhaler and the rescue inhaler, and it matters when you are short of breath.
- Ask someone to watch your inhaler technique at least once a year. Most people drift into doing it wrong, and a lot of the medicine ends up in the mouth rather than the lungs.
- Use a spacer with a metered-dose inhaler if you have been given one. It gets more medicine into your lungs.
- Rinse your mouth and spit after using an inhaled steroid, to prevent thrush and hoarseness.

STAY IN CONTACT WITH THE OFFICE

- Call your care manager or provider if you are in the yellow zone. Your medication may need to change, or you may need to be seen.
- Call immediately if you are in the red zone. Ask for a same-day visit, or use the after-hours number if the office is closed.
- Call after any emergency room visit or hospital stay, even if you feel better — the weeks after a hospital stay are when another one is most likely.

HOW TO PREVENT LUNG INFECTIONS AND BREATHE EASIER

- STOP SMOKING. If you smoke, quitting is the only thing proven to slow COPD down. Ask us for help — medication and counseling together work far better than willpower alone. Avoid other people's smoke too.
- GET YOUR VACCINES. Flu vaccine every year, around September. Pneumococcal vaccines as recommended. Stay current on COVID-19, and ask whether the RSV vaccine is right for you.
- CHANGE YOUR ENVIRONMENT. COPD can be caused or worsened by dust and chemicals at home or at work.
- Do not allow smoking in your home.
- Wash bed linens weekly to reduce dust mites, and keep floors and carpets clean.
- Have the air conditioner and ductwork checked for mold and mildew.
- Reduce your exposure to paint, varnish, and strong cleaning products.
- Stay indoors when the air quality index is high.
- KEEP YOUR HANDS AWAY FROM YOUR FACE, and wash them often with soap and warm water for at least 20 seconds.
- AVOID PEOPLE WITH COLDS OR COUGHS where you can.

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- DRINK WATER EVERY DAY. It helps keep secretions loose and easier to clear.

COPING WITH SHORTNESS OF BREATH

PURSED-LIP BREATHING. This slows your breathing down and helps empty your lungs. Practice it when you are not short of breath, so that it is automatic when you are.

- Breathe in slowly through your nose for two counts, with your mouth closed
- Purse your lips as if you were going to whistle, or gently flicker a candle flame
- Breathe out slowly and gently through your pursed lips while counting to four

OTHER THINGS THAT HELP:

- EXERCISE. Being active improves your energy and strengthens the muscles you breathe with. Shortness of breath during activity is expected and is not damaging your lungs.
- BALANCE REST AND ACTIVITY. Plan the hardest task for the part of the day when you feel best, and rest between tasks rather than after you are exhausted.
- EAT WELL. Fruits and vegetables daily, balanced portions. If eating leaves you breathless, try smaller meals more often — a full stomach pushes up on your diaphragm.
- PULMONARY REHABILITATION. This is a supervised exercise and education program, and it is one of the most effective treatments in COPD. Ask us whether you are a candidate.
- OXYGEN. If oxygen has been prescribed, follow the instructions on when and how to use it. Do not stop it or change the flow rate on your own. Never smoke, or allow smoking, near oxygen.
- ASK FOR HELP WITH LOW MOOD AND ANXIETY. Both are common in COPD, both make breathlessness worse, and both are treatable. Tell us.

Reviewed with patient by: _____ Date: _____ / _____ / _____

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