




# MY ACTION PLAN a tool for people with chronic lung disease

Name \_\_\_\_\_ Date \_\_\_\_\_

Physician \_\_\_\_\_ Diagnosis: ☐ COPD ☐ Asthma ☐ Other \_\_\_\_\_

HOW YOU FEEL — Your Symptoms		WHAT TO DO — Your Action Plan
<b>I'M DOING FINE</b> <ul style="list-style-type: none"> <li>Breathing is easy</li> <li>Mucus is easy to cough up</li> <li>Able to do daily activities</li> <li>Able to exercise as my doctor advises</li> <li>Sleeping well</li> <li>Good appetite</li> <li>Thinking clearly</li> </ul>	 <p><b>GO</b></p> <p><i>maintain therapy</i></p>	<ul style="list-style-type: none"> <li>Keep up with medications, exercise, and other aspects of your treatment.</li> <li>Control medications: _____</li> <li>Rescue medications: _____</li> </ul>
<b>I FEEL WORSE</b> (May have one or more of the symptoms below) <ul style="list-style-type: none"> <li>Short of breath</li> <li>Mucus is thicker than usual or colored</li> <li>Coughing or wheezing more</li> <li>Chest feels tight or "full"</li> <li>Some trouble with daily activities</li> <li>Trouble concentrating</li> <li>No appetite</li> <li>Feeling very tense or restless</li> <li>Sore throat and runny nose</li> <li>Fever and chills</li> </ul> <b>Heart Symptoms</b> <ul style="list-style-type: none"> <li>Sudden weight gain (3 to 5 pounds overnight)</li> <li>Swelling in ankles</li> </ul>	 <p><b>CAUTION</b></p> <p><i>step up therapy</i></p>	<ul style="list-style-type: none"> <li>Continue with daily control medication.</li> <li>Add or increase quick-relief medication (as needed):               <ul style="list-style-type: none"> <li><input type="checkbox"/> Increase inhaler (Albuterol)</li> <li><input type="checkbox"/> Add nebulizer (Albuterol and Ipratropium)</li> </ul> </li> <li>Increase oxygen as your doctor advises for a goal of oxygen saturation of 89–93%.</li> <li>Add steroid(s):               <ul style="list-style-type: none"> <li><input type="checkbox"/> Prednisone, 40 mg, once a day for 5 days</li> <li><input type="checkbox"/> Other steroid burst _____</li> </ul> </li> <li>Add antibiotics:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Doxycycline, 100 mg, twice a day for 7 days</li> <li><input type="checkbox"/> Azithromycin, 500 mg, once a day for 3 days</li> <li><input type="checkbox"/> Other _____</li> </ul> </li> <li>Add diuretic: Ask your doctor if appropriate. <input type="checkbox"/> _____</li> <li>Do breathing exercises and stress relief exercises.</li> <li>Use secretion clearance techniques.</li> </ul>
<p><b>Please call your Pulmonary Disease Navigator or your Primary Care Provider if your symptoms persist!</b></p>		
<b>I FEEL IN DANGER</b> (May have one or more of the symptoms below) <ul style="list-style-type: none"> <li>Feel like I can't breathe — very short of breath — and quick-relief medication doesn't help</li> <li>Coughing a lot, can't cough up mucus</li> <li>Blood in mucus</li> <li>Can't do my normal activities</li> <li>Feel confused or faint</li> <li>Sudden or severe chest pain</li> </ul>	 <p><b>STOP</b></p> <p><i>get help now</i></p>	<b>CALL 911 NOW</b> <ul style="list-style-type: none"> <li>Don't drive yourself to the hospital.</li> <li>Bring your quick-relief medication with you.</li> </ul>

See page 2 for more details on the Action Plan

# My PLAN

## Healthcare Contacts

	Name	Phone
Clinic		
Primary Care <input type="checkbox"/> Referral needed		
Pulmonologist <input type="checkbox"/> Referral needed		
Pulmonary Navigator		
Care Manager		
Health Insurance		
Oxygen Supply Company		
Pharmacy		

## Oxygen

Goal is to maintain oxygen saturation between 89–93%

Oxygen liters per minute: Rest \_\_\_\_\_ With activity \_\_\_\_\_

☐ Continuous ☐ Bleed-in ☐ Night time

## Respiratory Medications

Name	Dose	How often

## Other Medications


Comments
