



# COPD ACTION PLAN

**Date:**     /     /

Surname	Medical Record Number	
Other Names	Date of Birth	
Classification	Sex	Admission date
Senior Medical Officer	Hospital/Ward	

(affix label)

<p align="center"><b><u>GP</u></b></p> <ul style="list-style-type: none"> <li>GP TO COMPLETE</li> <li>GP TO REVIEW</li> <li>HOME MEDICINES REVIEW</li> </ul> <p><b>Due Date:</b> _____ (Recommended with in 3 months)</p>	<p align="center"><b><u>Hospital</u></b></p> <ul style="list-style-type: none"> <li>FAX TO GP / ATTACH COPY TO NOTES / ORIGINAL TO PATIENT</li> <li>HOME MEDICINES REVIEW</li> </ul> <p><b>Due Date:</b> _____ (Recommended with in 3 months)</p>
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GP Name:	GP Phone:	After Hours:
Consultant Name:		Consultant Phone:
Outreach / Community Nurse Phone:		Ambulance Phone:

<p align="center"><b>REGULAR MEDICATIONS: WHEN WELL</b></p> <p>Pharmacy Name: _____ (If more than 7 medications use written medication list)</p>	<p>Best FEV<sub>1</sub> _____ Best FVC _____</p> <p>Room air O<sub>2</sub> saturation _____ %</p> <p>Oxygen: I/min _____ hrs/day _____</p>
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RELIEVER / PREVENTER / OTHER	STRENGTH	DOSE	ROUTE <small>MDI + SPACER / DPI / NEBULISER / ORAL</small>	FREQUENCY
1				
2				
3				
4				
5				
6				
7				

<p align="center"><b><u>MODERATE ATTACK</u></b> (UNWELL BUT NOT SEVERE)</p> <ul style="list-style-type: none"> <li>NOTIFY GP</li> <li>NOTIFY OUTREACH / COMMUNITY NURSE</li> </ul>	<ul style="list-style-type: none"> <li>More wheezy / breathless</li> <li>Increased cough and sputum</li> <li>Coloured sputum</li> <li>Loss of appetite / sleep</li> </ul>
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EXTRA RELIEVER	STRENGTH	DOSE	ROUTE	FREQUENCY
1				
2				
3				

PREDNISOLONE (reducing schedule)	STRENGTH	TABS / DOSE	FREQUENCY
START			
THEN			
THEN			
THEN			

ANTIBIOTIC	STRENGTH	DOSE	ROUTE	FREQUENCY
1				
2				

<p align="center"><b><u>SEVERE ATTACK</u></b></p> <ul style="list-style-type: none"> <li>Call Ambulance – 000 or Phone _____</li> <li>Say you have severe emphysema</li> <li>Say you need “low flow oxygen” (0.5 – 2.0 lpm or 28%) when Ambulance arrives</li> </ul>	<p>Symptoms of moderate attack <b>PLUS</b> any of:</p> <ul style="list-style-type: none"> <li>Unable to dress / bathe / eat / sleep</li> <li>Fever / chills</li> <li>Increased swelling of the ankles</li> </ul>
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**COPD ACTION PLAN**



## CHRONIC BRONCHITIS, EMPHYSEMA AND AIRWAY NARROWING (COPD)

The term “chronic obstructive pulmonary disease” (COPD) is often used to refer to 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?

#### Confirm 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*, ie. can improve with treatment (possibly including a trial of oral or inhaled corticosteroids).

#### Optimise 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.

- **Exercise** for 30 minutes most days of the week – it’s as simple as walking for 10 minutes three times a day. You could join an exercise group with people of your age or fitness level.
- Optimise weight and **nutrition**. Eat a balanced diet, decrease alcohol consumption and avoid sedatives.
- Maintain good **sleep** habits. Heat the bedroom in winter (but avoid fire risk).
- Ask your GP, specialist or other health care workers to help work out the **best treatment** for you.

#### Prevent deterioration

In healthy non-smokers there is a gradual decrease in lung function with age. Smoking accelerates this decline.

- The single most important thing you can do is **quit smoking** – it is never too late.
- **Have a flu vaccine** (annual) **and pneumonia vaccine** (3-5 yearly).
- Get your GP and specialist to check regularly for **complications**.
- Get your oxygen level checked – oxygen can prevent complications and prolong your life.

#### Develop 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.

#### Xacerbations (when you get worse)

You need to be prepared to increase your treatment **early** when you are unwell. You should have an action plan completed by your doctors and a ready supply of any **medications** needed (eg. Antibiotics, prednisolone).

- Notify your GP and (if appropriate) your community nurse.
- Some people need **oxygen** when they are sick.

Do not take more than 0.5 – 2.0 litres per minute unless ordered by your doctor.

***With effective treatment COPD can be managed effectively.***