



# COPD Action Plan

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex:  M  
 F

Facility: .....

## Signs of a flare up: (If you have 2 or more signs with a \*, antibiotics are usually needed)

- Compared to usual symptoms I have more:**
- \*shortness of breath      - coughing      - use of reliever
  - tiredness      - \*fever      - \*mucus
  - \*more heavily coloured or thicker mucus      - lack of appetite

## What to do in a flare up:

1) Start these extra medications:

Increase reliever: ..... Take ..... puffs / nebule, up to every ..... hours.

Prednisolone: Take ..... tablets ( .....mg), daily with food for ..... days, then stop/reduce  
.....

Antibiotic: ..... ( .....mg). Take ..... tablets ..... times a day.

..... ( .....mg). Take ..... tablets ..... times a day.

2) Call your GP **today** for an appointment. Ph:.....

Also call your respiratory nurse Ph:.....

3) Drink extra fluids. Eat small meals or snacks more often.

4) Clear the mucus from your lungs regularly.

5) Reduce activity and rest often. Resume usual exercise as you improve.

COPD ACTION PLAN

<b>Plan endorsed by Dr</b> print name:	sign:	date:	/ /
<b>Explained to patient by</b> print name: if not above	sign:	role:	date: / /
Please ask your doctor to review this Plan close to this date:			/ /

## Danger Signs and what to do if any of these occur:

**Severely breathless, chest pain, high fever, agitated, afraid, drowsy, confused.**  
Phone an ambulance (000) immediately. Show this plan to the Paramedics.

**Caution QAS / Paramedics:** CO<sub>2</sub> Retainer  Y /  N Please keep SaO<sub>2</sub> 88–92%.

DO NOT WRITE IN THIS BINDING MARGIN



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