

My Name: _____ Date: _____
 My Doctor's Name: _____ Phone: _____
 Emergency Contact: _____ Phone: _____

Please complete the section above. Bring all your medicines and inhalers along with a complete list to doctor's office visits. Think about your ability to perform these activities (blue boxes) on a typical "green" day. Place one check mark in each column. In the last (blank) column write in an activity you would like to be able to do again. Check the box below it to show how difficult it is to do that activity now. Share this goal with your healthcare team and your family.

My COPD Action Plan can be used daily and should be updated every 6 months. Next update _____

	CLEANING	MAKING MY BED	BRUSHING MY TEETH	BATHING/SHOWERING	WALKING	CLIMBING STAIRS	WORKING	SLEEPING	EXERCISING	COOKING	
I can do this											
I can do this w/ minor limitations											
I struggle to do this											
I cannot do this											

Instructions: Work with your doctor to complete this section on special medications for use on your Yellow and Red days.

<h2>My Green Days</h2>	<p>A Normal Day for Me</p> <ul style="list-style-type: none"> <input type="checkbox"/> My breathing is normal <input type="checkbox"/> My cough and mucus are normal <input type="checkbox"/> My sleeping is normal <input type="checkbox"/> My eating and appetite are normal <input type="checkbox"/> My activity level is normal 	<p>Take Action</p> <ul style="list-style-type: none"> <input type="checkbox"/> I will take all medications as prescribed <input type="checkbox"/> I will keep routine doctor appointments <input type="checkbox"/> I will use oxygen as prescribed <input type="checkbox"/> I will exercise and eat regularly <input type="checkbox"/> I will avoid all inhaled irritants & bad air days <input type="checkbox"/> I will update my COPD Action Plan every 6 months
<h2>My Yellow Days</h2>	<p>A Bad Day for Me</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have a low grade fever that doesn't go away <input type="checkbox"/> I have increased use of rescue medications without relief <input type="checkbox"/> I have a change in color, thickness, odor or amount of mucus <input type="checkbox"/> I am more tired than normal or have trouble sleeping <input type="checkbox"/> I have new or more ankle swelling <input type="checkbox"/> I am more breathless than normal <input type="checkbox"/> I feel like I am catching a cold 	<p>Take Action</p> <ul style="list-style-type: none"> <input type="checkbox"/> I will limit my activity and use pursed-lips breathing <input type="checkbox"/> I will take regular medications as prescribed <input type="checkbox"/> I will report these changes to my doctor today <input type="checkbox"/> I will start special medications* prearranged with my doctor which includes: _____
<h2>My Red Days</h2>	<p>A Day When I Need Help Right Away</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have disorientation, confusion or slurring of speech <input type="checkbox"/> I have severe shortness of breath or chest pain <input type="checkbox"/> I have a blue color around my lips or fingers <input type="checkbox"/> I am coughing up blood 	<p>Take Action</p> <ul style="list-style-type: none"> <input type="checkbox"/> I will call 911 right away <input type="checkbox"/> I will start these special medications*: _____

* If symptoms are not improved in one day after taking special medications consult your doctor. The contents of My COPD Action Plan is for information purposes only and is not intended to be a substitute for professional medical advice, diagnosis or treatment.