### COPD Action Plan

#### Which COPD Zone are You in Today:

**GREEN, YELLOW, or RED?**

**Do these things every day:**

- Take medications as told by your healthcare provider.
- Use oxygen as prescribed.
- Do not smoke. Stay away from second-hand smoke and other irritants.
- Follow diet and activity instructions as told by your healthcare provider.

**Your COPD medicines are:**

My quick-relief inhaler for sudden symptoms is: 
- **(name)**

My regular medications to control COPD are:
- Inhaler: _______________________
- Inhaler: _______________________
- Other: _______________________

**Take Action**

**Green Zone**

![Checkmark] **Good**

- Your symptoms are under control if you:
  - Feel well with your usual activity level
  - Have the same cough and amount of sputum (mucus) as usual
  - Sleep well and have a good appetite

**Do this:**

- Take your regular medicines
- Follow your usual daily care as told by your healthcare provider

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**Yellow Zone**

![Exclamation mark] **Caution**

- You are having a bad day or COPD flare-up if you:
  - Feel more short of breath than usual
  - Need to use your quick-relief inhaler / nebulizer more
  - Notice your medicine is not helping
  - Are coughing more, having more or thicker sputum (mucus), your sputum changes color, or you feel like you have a chest cold
  - Have a fever (temperature 101.5°F or more) or chills
  - Did not sleep well or woke up because of COPD symptoms

**Do this:**

- Call your healthcare provider
- Take your regular medicines
- Use (quick-relief inhaler name & dose) ______ every ___ hour(s)
- Take other medications if told by your healthcare provider
- Do pursed-lip breathing
- Rest
- Use oxygen as told by your doctor

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**Red Zone**

![Stop] **Take Action**

- **Call 911 and go to the emergency room** if you:
  - Are having a very hard time breathing, even with rest
  - Can’t do any activity because of a hard time breathing
  - Can’t sleep because of breathing problems
  - Have chest pain
  - Are coughing up blood
  - Feel confused or can’t think clearly

**CALL 911**

**Do NOT drive yourself!**

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**Primary Provider name & phone:** _______________________

**Lung doctor name & phone:** _______________________

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