

My Name: _____ Date: _____

My Doctor's Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Take Action Today. Breathe Better Tomorrow.

Please complete the section below. Bring all your medicines and inhalers along with a complete list to doctor's office visits. Think about your ability to perform these activities 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 you healthcare team and your family.

	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.



A Normal Day for Me

- My breathing is normal
- My cough and mucus are normal
- My sleeping is normal
- My eating and appetite are normal
- My activity level is normal

Take Action

- I will take all medications as prescribed
- I will keep routine doctor appointments
- I will use oxygen as prescribed
- I will exercise and eat regularly
- I will avoid all inhaled irritants & bad air days
- I will update my COPD Action Plan every 6 months



A Bad Day for Me

- I have a low grade fever that doesn't go away
- I have increased use of rescue medications without relief
- I have a change in color, thickness, odor or amount of mucus
- I am more tired than normal or have trouble sleeping
- I have new or more ankle swelling
- I am more breathless than normal
- I feel like I am catching a cold

Take Action

- I will limit my activity and use pursed-lips breathing
- I will take regular medications as prescribed
- I will report these changes to my doctor today
- I will start special medications* prearranged with my doctor which includes: _____



A Bad Day When I Need Help Right Away

- I have disorientation, confusion or slurring of speech
- I have severe shortness of breath or chest pain
- I have a blue color around my lips or fingers
- I am coughing up blood

Take Action

- I will call 911 right away
- 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.

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