

MY COPD ACTION PLAN

INSTRUCTIONS: Please review this **Action Plan** during a regularly scheduled appointment with your doctor. Your **Action Plan** should be reviewed by your doctor every year or more often if you are having problems.

Your Name: _____ Date: _____

Doctor Phone #: _____ Emergency Contact Phone #: _____

I'M DOING WELL

- | | |
|--|---|
| <input type="checkbox"/> Breathing without shortness of breath | <input type="checkbox"/> Sleeping well |
| <input type="checkbox"/> Able to do daily activities | <input type="checkbox"/> Appetite good |
| <input type="checkbox"/> Thinking clearly | <input type="checkbox"/> Able to exercise as my doctor directed |
| <input type="checkbox"/> Mucus is easy to cough up | |

▶ **Take your medications every day to help maintain control of your COPD symptoms.**

I FEEL WORSE due to my COPD (may have one or more of the following symptoms)

- | | |
|---|--|
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Fever |
| <input type="checkbox"/> Difficulty completing daily activities | <input type="checkbox"/> Trouble concentrating |
| <input type="checkbox"/> More coughing/wheezing | <input type="checkbox"/> Trouble sleeping |
| <input type="checkbox"/> Thicker and discolored mucus | <input type="checkbox"/> Decreased appetite |

▶ **Continue to take your medications every day to help maintain control of COPD symptoms. Call your doctor and report the change in symptoms. Let your doctor answer any questions you have.**

Additional Instructions:

If you live alone, call a neighbor, friend, or relative to let them know that you feel worse. Avoid doing or being around things that make you feel worse. If you use oxygen, ask the doctor how and when to use it. Do breathing exercises and other things to help you relax.

I FEEL I'M IN DANGER (if you have any of the following symptoms)

- | | |
|--|---|
| <input type="checkbox"/> Severe shortness of breath
(I feel like I can't breathe) | <input type="checkbox"/> Confused, slurred speech |
| <input type="checkbox"/> Trouble coughing up mucus, coughing frequently | <input type="checkbox"/> Feel faint |
| <input type="checkbox"/> Blood in mucus | <input type="checkbox"/> Rescue medicine is not helping |
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Fever and chills |

▶ **Call 911 or your emergency medical services now!**



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