

What is a COPD Management Plan, and how do you use it?

A management plan is a personal tool that helps you talk with your doctor about your COPD. With a management plan, you will know how and when to take your medicines, when to call your health care provider and when to get emergency care. A management plan also helps you track how you are doing, any concerns you may have and any changes in your health that are important to discuss with your doctor.

Each person's COPD is different and so is each management plan. We hope that you will use the tools provided here to work with your doctor to make a plan that is right for you.

There are three parts to a good management plan.

The **first** part outlined in **BLUE** is called **MY COPD MANAGEMENT PLAN**. It is used to guide the discussion between you and your physician and is a record of your general contact information, lung function measurements and lung health care plan. This section is also used to record your current medications, including oxygen settings if you are using supplemental oxygen, and other health conditions. It also helps you and your physician identify all of your different treatment options.

The **second** part in **GREEN, YELLOW** and **RED** (like a traffic light) is called **MY COPD ACTION PLAN**. This is used to help you know what to do when your symptoms worsen. The **GREEN** zone is when you are doing well, the **YELLOW** zone is for when you are having a bad day and the **RED** zone is for when you need urgent medical care. In each zone, there are a list of symptoms and the appropriate actions you should take if you are in that zone. The **COPD MANAGEMENT PLAN** and **COPD ACTION PLAN** should be filled out **with your health care provider** during your next visit. You should bring these with you **every time you visit your doctor**.

The **third** part to a good management plan is called **MY COPD REPORT CARD** and it is outlined in **PURPLE**. This is a tracking report of how you have been feeling. If you are seeing your doctor for a **routine** visit, fill out the report describing how you have been feeling **since your last visit**. If you are seeing your doctor for **urgent care** or a "flare up" of your symptoms, fill out the report describing how you feel **right at that time**. The Report Card also includes your general contact information and listing of your current medications. It also has a list of detailed COPD symptoms and other health concerns you may be experiencing and want to discuss with your physician.

► The **COPD REPORT CARD** should be filled out **before every doctor visit**. Be sure to take it with you!

MY COPD ACTION PLAN

Actions to take if my symptoms get worse
Bring this plan with you every time you visit your doctor

General Information

Name:	Date of Birth:
Emergency Contact:	Phone Number:
Physician/Healthcare Provider Name:	Phone Number:
Physician Signature:	Date:

Inhaled Daily Medicines

	Name of Medicine	How Much to Take	When to Take It
Quick Relief			
Long-Acting			
Inhaled Steroid			
Combination			
Nebulizer			

Green Zone: I am doing well today

Actions

- Usual activity and exercise level
- Usual amounts of cough and phlegm/mucus
- Sleep well at night
- Appetite is good

- Take daily medicines
- Use oxygen as prescribed
- Continue regular exercise/diet plan
- At all times avoid cigarette smoke, inhaled irritants

Yellow Zone: I am having a bad day or a COPD flare

Actions

- More breathless than usual
- I have less energy for my daily activities
- Increased or thicker phlegm/mucus
- Change in color of phlegm/mucus
- Using quick relief inhaler/nebulizer more often
- Swelling of ankles more than usual
- More coughing than usual
- I feel like I have a "chest cold"
- Poor sleep and my symptoms woke me up
- My appetite is not good
- My medicine is not helping

- Continue daily medications
- Use quick relief inhaler every _____ hours
- Start Prednisone: _____
- Start Antibiotic: _____
- Use oxygen as prescribed
- Get plenty of rest
- Use pursed lip breathing
- At all times avoid cigarette smoke, inhaled irritants
- Call provider if symptoms don't improve

Red Zone: I need urgent medical care

Actions

- Severe shortness of breath even at rest
- Not able to do any activity because of breathing
- Not able to sleep because of breathing
- Fever or shaking chills
- Feeling confused or very drowsy
- Chest pains
- Coughing up blood

- **Call 911 or have someone take you to emergency room**
- **Increase oxygen to:** _____
- **Take Prednisone:** _____

General Information	
Name:	Date of Birth:
Emergency Contact:	Phone Number:
Physician/Healthcare Provider Name:	Phone Number:
Physician Signature:	Date:

Lung Function Measurements		
Weight: _____ lbs Date:	FEV1: ____ L ____% predicted Date:	Oxygen Saturation: _____% Date:

General Lung Health Care		
Flu vaccine	Date:	Next Flu Vaccine Due:
Pneumonia vaccine	Date:	Next Pneumonia Vaccine Due:
Smoking status	<input type="checkbox"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Current	Quit Smoking Plan <input type="checkbox"/> Yes <input type="checkbox"/> No
Exercise plan <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Walking <input type="checkbox"/> Other _____ ____ min/day _____ days/week	Pulmonary Rehabilitation <input type="checkbox"/> Yes <input type="checkbox"/> No
Diet plan <input type="checkbox"/> Yes <input type="checkbox"/> No	Goal Weight:	

Inhaled Daily Medicines			
	Name of Medicine	How Much to Take	When to Take It
Quick Relief			
Long-Acting			
Inhaled Steroid			
Combination			
Nebulizer			

Other Medicines for COPD			
	Name of Medicine	How Much to Take	When to Take It
Quit Smoking Aid			
Other			

Oxygen		
Resting:	Increased Activity:	Sleeping:

Advanced Care and Planning Options				
<input type="checkbox"/> Lung Transplant	<input type="checkbox"/> Lung Reduction	<input type="checkbox"/> Transtracheal Oxygen	<input type="checkbox"/> Night-time Ventilator	<input type="checkbox"/> Advanced Directives

Other Health Conditions			
<input type="checkbox"/> Anemia	<input type="checkbox"/> Anxiety/Panic	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Blood Clots
<input type="checkbox"/> Cancer	<input type="checkbox"/> Depression	<input type="checkbox"/> Diabetes	<input type="checkbox"/> GERD/Acid Reflux
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Kidney/Prostate
<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Other:		

Instructions

Complete this form before every doctor visit to make sure your doctor has all the information to treat your COPD more effectively. If this is a **routine checkup**, the information should refer to how you feel **since** your last visit. If this visit is because you are having worsening symptoms, then give the information about how you are feeling **now**.

General Information

Routine visit for checkup **Acute visit for symptoms**

Name:

Date:

Address:

Phone Number:

My Pharmacy:

Pharmacy Phone Number:

Medicines. Use next page if additional space is needed. Check next to drug if you need a refill today.

Name	Dose	Times per day	Name	Dose	Times per day
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		

Oxygen. Check all that apply to you.

I use oxygen Never Continuously With Activity At night

Smoking. Which of the following describes your smoking status best? Check all that apply.

I am smoking _____ cigarettes per day I am not smoking at all I am trying to quit smoking
 I would like some help quitting smoking

Difficulty with Medications. Many people have difficulty with their medications. Check all the statements that apply to you so that you can discuss it with your doctor.

I have trouble remembering to take some of my medicines I have difficulty paying for some of my medications
 I am having side-effects from my medications I am not sure how to take some of my medications

COPD Symptoms

Symptom	Frequency	Severity (Symptoms bother me . . .)
Cough	<input type="checkbox"/> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> Most Days <input type="checkbox"/> Every day	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> A lot
Phlegm	<input type="checkbox"/> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> Most Days <input type="checkbox"/> Every day	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> A lot
Chest pain	<input type="checkbox"/> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> Most Days <input type="checkbox"/> Every day	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> A lot
Breathlessness	<input type="checkbox"/> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> Most Days <input type="checkbox"/> Every day	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> A lot
Ankle swelling	<input type="checkbox"/> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> Most Days <input type="checkbox"/> Every day	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> A lot
Trouble sleeping	<input type="checkbox"/> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> Most Days <input type="checkbox"/> Every day	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> A lot
Poor appetite	<input type="checkbox"/> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> Most Days <input type="checkbox"/> Every day	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> A lot
Trouble getting going in the morning	<input type="checkbox"/> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> Most Days <input type="checkbox"/> Every day	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> A lot
Feeling sad or worried	<input type="checkbox"/> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> Most Days <input type="checkbox"/> Every day	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Moderately <input type="checkbox"/> A lot

COPD Flares/Other Illnesses

Since my last visit, I have been treated in an urgent care facility, emergency department or hospital _____ times

Date	Reason/Treatment

Breathlessness. Check the description that best describes your breathlessness

- I am not breathless except during strenuous exercise
- I am troubled by breathlessness when I hurry on the level or up a slight hill
- I must walk slower than other people my same age or I have to stop for breath when I walk on the level
- I have to stop to catch my breath after walking about 100 yards or a few minutes walking on the level
- I am too breathless to leave the house or breathless when I dress or take a shower

Good Days and Bad Days. People with COPD have good days and bad days in terms of their energy level and breathlessness. How do you rate yourself? Check one.

- I have all good days
- I have more good days than bad days
- I have about an equal number of good days and bad days
- I have more bad days than good days
- I have all bad days

Activity Level. How much exercise do you get? Check one.

- I get exercise on most days
- I get exercise on some days
- I get exercise occasionally
- I never get exercise

I would like to talk to the doctor about the following concerns. Check all that apply.

- Medicine side-effects
- Living will / medical power of attorney
- Difficulty paying for medicines
- Marital or personal problems
- Are there other medications or procedures which might be able to help me more?
- Other:

Use the space below for additional comments

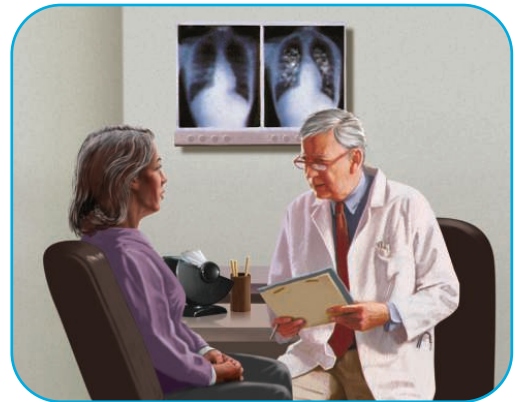
COPD and Anxiety

Being unable to catch your breath can be scary. Worry and everyday stress can make breathing problems seem worse. People with COPD may have these feelings (anxiety) when their breathing is not well managed.

Getting help is the first step

Talk to your doctor about your anxiety and:

- How it affects your breathing and your life
- How it affects your sleep
- If there are any medicines that may help
- Any other treatments that may help



Breathing techniques may help your anxiety

Learning how to breathe when you have anxiety may help you relax.

- Slow, deep breathing with pursed lips may help your breathing. It may help you stay more active without getting out of breath.
- Breathing techniques and exercise combined may help you manage your COPD and anxiety.

Anxiety can make breathing harder. Talk to your doctor about how to manage your anxiety and COPD.

I Have COPD.* What if I Get Sick?



How Do I Know if I Am Getting an Infection?

When you have COPD, your lungs do not work as well as they should. You can't fight infection as well. You are more likely to get an infection in your lungs, nose, throat, and other airways.

These infections can make your COPD symptoms worse. They can harm your overall health. This is especially true in older adults. They can cause you to have

- More shortness of breath
- Chest tightness
- More coughing and/or mucus than usual
- Yellow, green, or brown mucus, or mucus that is thicker or stickier than usual
- Fever

What Should I Do if I Think I Have an Infection?

Call your healthcare practitioner (prak-tih-shun-er) if you have these symptoms. You may need to have your medicine changed. You may need to get a medicine called an antibiotic (an-tie-by-ah-tik).

Did you know?

Your healthcare practitioner can help you fight infections like pneumonia. It's important to call him or her if you notice that you have symptoms of a lung infection.

*Chronic (kron-ick) obstructive (ob-struck-tiv) pulmonary (pull-muh-nair-ee) disease, including chronic bronchitis (brank-eye-tis), emphysema (em-fuh-zee-muh), or both.

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