

## Diabetes Zones for Management

### **Green Zone: Great Control**

Your Goal HbA1c:

- HbA1c is under 7
- Average blood sugars typically under 150
- Most fasting blood sugars under 150

### **Green Zone Means:**

- Your blood sugars are under control
- Continue taking your medications as ordered
- Continue routine blood glucose monitoring
- Follow healthy eating habits
- Keep all physician appointments

### **Yellow Zone: Caution**

- HbA1c between 7 and 9
- Average blood sugar between 150-210
- Most fasting blood glucose under 200

**% Work closely with your health care team if you are going into the YELLOW zone**

### **Yellow Zone Means:**

- Your blood sugar may indicate that you need an adjustment of your medications
- Improve your eating habits
- Increase your activity level

**% Call your physician, nurse, or diabetes educator if changes in your activity level or eating habits don't decrease your fasting blood sugar levels.**

Name: \_\_\_\_\_

Number: \_\_\_\_\_

### **Red Zone: Stop and Think**

- HbA1c greater than 9
- Average blood sugars are over 210
- Most fasting blood sugars are well over 200

**% Call your physician if you are going into the RED zone**

### **Red Zone Means:**

You need to be evaluated by a physician. If you have a blood glucose over \_\_\_\_\_, follow these instructions \_\_\_\_\_

**% Call your physician**

Physician: \_\_\_\_\_

Number: \_\_\_\_\_

### 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

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

### Inhaled Daily Medicines

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

### 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	
<b>Name:</b>	Date of Birth:
<b>Emergency Contact:</b>	Phone Number:
<b>Physician/Healthcare Provider Name:</b>	Phone Number:
<b>Physician Signature:</b>	<b>Date:</b>

Lung Function Measurements		
<b>Weight:</b> _____ lbs Date:	<b>FEV1:</b> ____ L ____% predicted Date:	<b>Oxygen Saturation:</b> _____% Date:

General Lung Health Care		
<b>Flu vaccine</b>	Date:	Next Flu Vaccine Due:
<b>Pneumonia vaccine</b>	Date:	Next Pneumonia Vaccine Due:
<b>Smoking status</b>	<input type="checkbox"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Current	Quit Smoking Plan <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Exercise plan</b> <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
<b>Diet plan</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Goal Weight:	

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

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

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**

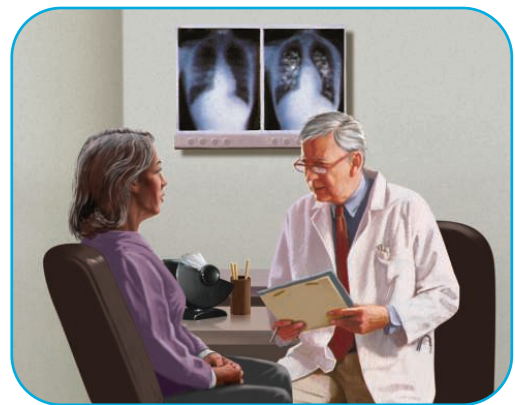
# COPD and Anxiety

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 (bronk-eye-tis), emphysema (em-fuh-zee-muh), or both.

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## Congestive Heart Failure Zones for Management

### Green Zone: All Clear

Your Goal Weight: \_\_\_\_\_

- No shortness of breath
- No swelling
- No weight gain
- No chest pain
- No decrease in your ability to maintain your activity level

### Green Zone Means:

- Your symptoms are under control
- Continue taking your medications as ordered
- Continue daily weights
- Follow low salt diet
- Keep all physician appointments

### Yellow Zone: Caution

If you have any of the following signs and symptoms:

- Weight gain of 3 or more pounds in 2 days
- Increased cough
- Increased swelling
- Increase in shortness of breath with activity
- Increase in the number of pillows needed
- Anything else unusual that bothers you
- **Call your physician if you are going into the YELLOW zone**

### Yellow Zone Means:

- Your symptoms may indicate that you need an adjustment of your medications
- **Call your physician, nurse coordinator, or home health nurse.**

Name: \_\_\_\_\_

Number: \_\_\_\_\_

Instructions: \_\_\_\_\_

\_\_\_\_\_

### Red Zone: Medical Alert

- Unrelieved shortness of breath: shortness of breath at rest
- Unrelieved chest pain
- Wheezing or chest tightness at rest
- Need to sit in chair to sleep
- Weight gain or loss of more than 5 pounds in 2 days
- Confusion

**Call your physician immediately if you are going into the RED zone**

### Red Zone Means:

This indicates that you need to be evaluated by a physician right away

- **Call your physician right away**

Physician \_\_\_\_\_

Number \_\_\_\_\_



# What Is a Heart Attack?

Every 39 seconds, someone dies from heart and blood vessel diseases, America's No. 1 killer. Since most of those deaths are from coronary heart disease — over 400,000 each year — it's important to learn all you can about heart attack.

For example, you should know the warning signs of heart attack so you can get help right away, either for yourself or someone close to you.

Some heart attacks are sudden and intense. But most start slowly, with mild pain or discomfort. Here are some of the signs that can mean a heart attack is happening:

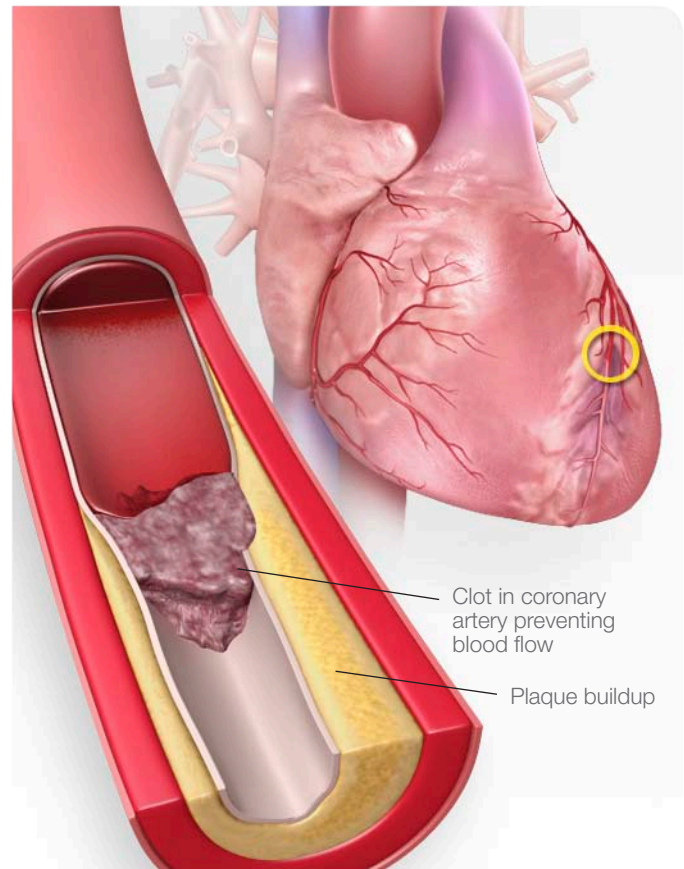
- Uncomfortable pressure, squeezing, fullness or pain in the center of your chest. It lasts more than a few minutes, or goes away and comes back.
- Pain or discomfort in one or both arms, your back, neck, jaw or stomach.
- Shortness of breath with or without chest discomfort.
- Other signs such as breaking out in a cold sweat, nausea or lightheadedness.

If you or someone you're with has chest discomfort, especially with one or more of the other signs, don't wait more than five minutes before calling for help.

**Call 9-1-1** or the emergency medical services (EMS) in your area (fire department or ambulance). Get to a hospital right away.

## What causes a heart attack?

A heart attack occurs when the blood flow to a part of the heart is blocked (often by a blood clot). This happens because coronary arteries that supply the heart with blood slowly become thicker and harder from a buildup of fat, cholesterol and other substances, called plaque.



If the plaque breaks open and a blood clot forms that blocks the blood flow, a heart attack occurs. Then the heart muscle supplied by that artery begins to die. Damage increases the longer an artery stays blocked.

Once that muscle dies, the result is permanent heart damage.

## How can I recover?

Depending on the extent of your heart attack, you may only be in the hospital a few days. But your recovery is just beginning.

- Start making changes in your life now to reduce your risk of having another heart attack. Eat healthful meals, be more physically active, and don't smoke.
- Talk with your doctor and nurses about how you can live as normal a life as possible. Ask how soon you can go back to work, drive a car, have sex, and what to do if you have chest discomfort. They can

*(continued)*



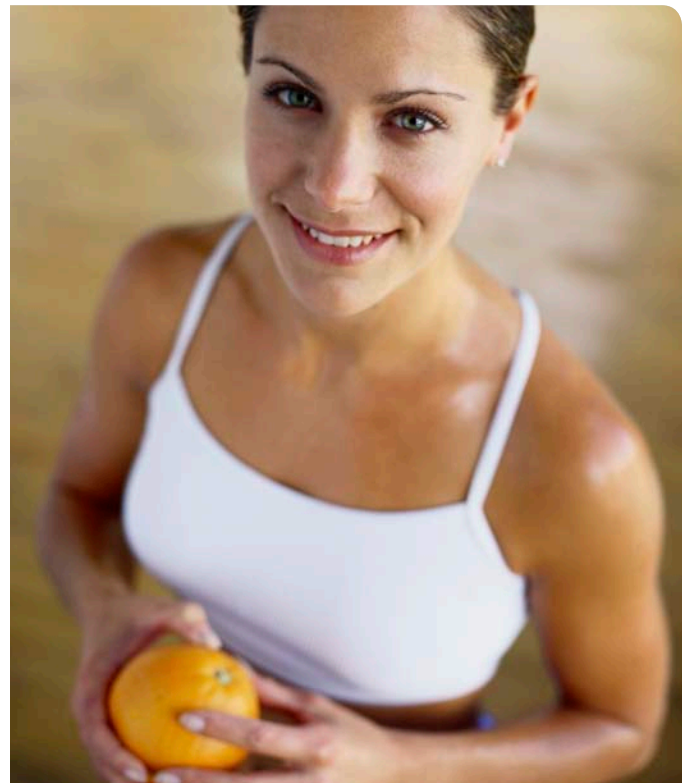
answer your questions about other matters, too.

- Talk with your healthcare provider about joining a cardiac rehabilitation program in your area.

### How can I avoid a heart attack?

Even if you have heart disease, there's a lot you can do to improve your heart's health. Work with your healthcare provider to set goals to reduce your risk of heart attack.

- Don't smoke, and avoid second-hand smoke.
- Treat high blood pressure, if you have it.
- Eat a healthy diet that's low in saturated fat, trans fat, cholesterol and salt.
- Get at least 150 minutes (2 ½ hour) of moderate-intensity physical activity a week.
- Keep your weight in the normal range.
- See your doctor for regular check-ups.
- Take your medicines exactly as prescribed.
- Control your blood sugar if you have diabetes.



Getting exercise and improving your diet are among the many things you can do to avoid a heart attack.

### HOW CAN I LEARN MORE?

- 1** Talk to your doctor, nurse or other healthcare professionals. If you have heart disease or have had a stroke, members of your family also may be at higher risk. It's very important for them to make changes now to lower their risk.
- 2** Call **1-800-AHA-USA1** (1-800-242-8721), or visit [heart.org](http://heart.org) to learn more about heart disease.
- 3** For information on stroke, call **1-888-4-STROKE** (1-888-478-7653) or visit us at [StrokeAssociation.org](http://StrokeAssociation.org).

### Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

**How soon can I return to work after my heart attack?**

**Is there a cardiac rehab program in my area?**

### My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit [heart.org/answersbyheart](http://heart.org/answersbyheart) to learn more.

**Knowledge is power, so Learn and Live!**

