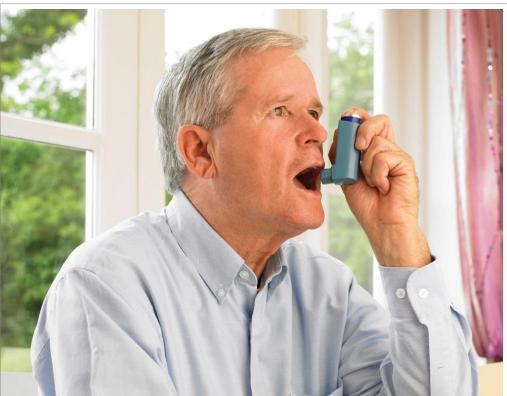
## CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) ACTION PLAN

ame:		INITIATIVE	
		 Healthy Together	
Medical Provider's	Clinical Case Manager's		
Name:	Name:		

# Phone: Phone:

#### THINGS TO DO EVERYDAY:

- Take my medicines as directed
- Use oxygen if directed
- Drink \_\_\_\_\_glasses of water a day  $\Box$
- Eat frequent small meals that are healthy
- Exercise regularly or as directed by my medical provider
- Wash my hands frequently to reduce the risk of infection
- □ Increase the humidity in my bedroom if it is dry
- ☐ Have my inhaler with me at all times in case I become short of breath
- Wear a scarf that covers my mouth and nose when the air is cold, because cold air can put a strain on my lungs



#### MY PLAN:

- □ Keep medical provider appointments and make an action plan
- Get a Flu vaccine every year
- Get at least one pneumococcal vaccine
- Carry or wear an emergency medical ID that says I have COPD
- Fill out an Advanced Directive
- I will call the Vermont Quit Line if I am still smoking at 1-800-784-8669
- ☐ Ask my medical provider about pulmonary rehab class or Better Breathers Classes

#### I WILL CALL 911 IF:

- □ I get confused or have trouble staying awake
- □ I am unable to talk because I am short of breath
- ☐ My lips or fingernails are blue or gray

#### THINGS TO AVOID:

- ☐ Smoking and tobacco smoke
- Chemical fumes, dust, animal dander and other triggers
- □ Large crowds
- Smoking when using my oxygen
- Caffeine and salt

### I WILL CALL MY MEDICAL PROVIDER TODAY IF:

- □ I have a fever or my mucus changes in color, thickness or amount
- ☐ My wheeze, cough or shortness of breath gets worse even with taking my medicines
- □ I use my emergency inhaler more often

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## CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) ACTION PLAN

MY ACTION PLAN					
Goal: Something I WANT to do (Example: increase physical activity, take medication, make healthier food choices, etc.)		Action: A specific activity that you are going to do in the next 1 to 2 weeks.  (Example: I will walk for 30 minutes after dinner with my dog three days each week for the next two weeks.)			
What you will do (the behavior):					
How much you will do (time, distance, or amount of activity):					
When you will do it (time of day):					
How often you will do it (number of days per week):					
How important is it to you that you complete the action plan you made above? (Fill in your response.)					
Not at all important 1 2 3	4 5	6 7 8 9 10 Color Totally important			
How confident are you that you will successfully complete the action plan you made above? (Fill in your response.)					
Not at all confident 1 2 3	3 4 5 ) () ()	6 7 8 9 10  Totally confident			
Things that might make it hard:					
Ways I might overcome these problems:					
Follow-up plan (phone or e-mail and date/time):					