

COPD ACTION PLAN

(Chronic Obstructive Pulmonary Disease)

For more information refer to 'Writing a COPD Action Plan'



LUNG FOUNDATION

AUSTRALIA

"When you can't breathe... nothing else matters"

Date: _____ (Ask your doctor to review each year with your care plan)

Patient Name: _____ Date of Birth: _____

GP Name: _____ GP Phone: _____ A/H: _____

Health Worker Name: _____ Health Worker Phone: _____

Feeling your usual self

I can do my usual daily activities

Taking usual medicine

My FEV₁ is: _____

Sleeping as usual

Usual amount of phlegm

CO₂ Retainer: Yes No Unknown

ACTION: Continue taking your usual medicines as listed below.

Annual Influenza Immunisation - Date: _____

Last Pneumococcal Immunisation - Date: _____

My usual medicines	Colour of device	How many puffs or tablets	How often
Oxygen:	Yes/No:	Setting or l/min:	hrs/day:

Feeling harder to breathe/Feeling sick

FEELING HARDER TO BREATHE THAN USUAL

More phlegm or thicker than usual

More coughing

Not sleeping well

Loss of appetite

Not much energy

ACTION: Follow plan below for extra medicines. Plan your day, get rest, relax, use breathing techniques, huff and cough to clear phlegm as required.

My extra medicine	Colour of device	How many puffs or tablets	How often

FEELING SICK

Taking reliever medicine 3-4 hourly, but not getting adequate relief

A change in colour and/or volume of phlegm Fever

ACTION: Start taking prednisolone. Contact your Health Worker/Nurse or Doctor.

ACTION: Start taking antibiotics as well as prednisolone. Contact your Health Worker/Nurse or Doctor.

Prednisolone*			Antibiotics*		
Strength	Tablets each day	No. of days	Strength	Tablets each day	No. of days

* GP to fill in if prescribed.

Not feeling good (trouble breathing and/or wheezing)

Difficulty sleeping/woken easily

Blood in your phlegm

Swollen ankles

ACTION: Contact Doctor

Very short of breath at rest

High fever

Chest pain

ACTION: Phone an Ambulance 000

Confused, slurring of speech

Drowsy

Afraid/scared

Show them this plan.

CAUTION! Ambulance/Paramedics: Oxygen supplementation to maintain SpO₂ 92% max (exceeding 92% risks hypercapnia)

Things to talk about with the Health Worker, Nurse or Doctor

Your baseline is when you are feeling your usual self

Know your baseline...

- How breathless are you?
- How far can you walk?
- How well do you sleep and eat?
- What is the colour of your phlegm?
- How much phlegm do you cough up?

Relievers

SABA



Ventolin[®]
MDI



Asmol[®]
MDI



#Airomir[™]
MDI



Airomir[™]
Autohaler[®]



Bricanyl[®]
Turbuhaler[®]

SAMA



Atrovent[®]
MDI

Maintenance

LAMA/LABA



Ultibro[®] Breezhaler[®]



Spiolto[®] Respimat[®]



Anoro[®] Ellipta[®]



Brimica[®] Genuair[®]

LAMA



Spiriva[®]
HandiHaler[®]



Spiriva[®] Respimat[®]



Seebri[®]
Breezhaler[®]



Bretaris[®]
Genuair[®]



Incruse[®] Ellipta[®]

ICS/LABA



Breo[®] Ellipta[®]



Symbicort[®]
Turbuhaler[®]



Symbicort[®]
Rapihaler[™]



Seretide[®] Accuhaler[®]



Seretide[®] MDI

LABA



Onbrez[®]
Breezhaler[®]



*Foradil[®]
Aerolizer[®]



*Oxis[®]
Turbuhaler[®]



*Serevent[®]
Accuhaler[®]

ICS (For patients with COPD and Asthma)



*Flixotide[®] MDI



*Flixotide[®]
Accuhaler[®]



*QVAR[®] MDI

What you do to stay well

- Don't smoke
- Check your inhaler technique regularly
- Walk daily/keep active
- Attend lung rehab
- Get flu and pneumonia immunisations

ICS/LABA



*Pulmicort[®]
Turbuhaler[®]



*Alvesco[®]
MDI



*Flutiform[®] MDI

Notes: • Handihaler, Breezhaler and Aerolizer devices require a capsule to be loaded into the device. All other devices are preloaded. • Spacers are recommended to be used with metered dose inhalers (MDI) • ICS monotherapy is not indicated for COPD without asthma • #Not PBS listed • *PBS listed for asthma only

Flare Up Medicines

- Antibiotics
- Oral steroids (Prednisone, Prednisolone)

RESOURCES For patient resources please contact:

Lung Foundation Australia | 1800 654 301 | www.lungfoundation.com.au

Your nearest Support Group contact person: _____

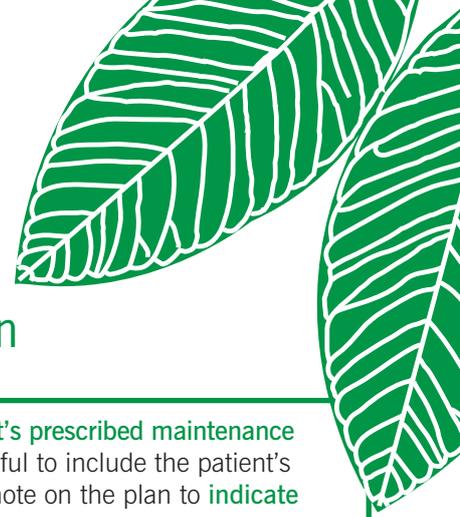
Your nearest Pulmonary Rehabilitation Program: _____

Your nearest Lungs in Action class: _____



"When you can't breathe...
nothing else matters"

Writing a COPD Action Plan



Suggested steps for developing a COPD Action Plan

STEP 1

In the green section of the action plan, **complete the details about the patient's prescribed maintenance medication** including inhalers, oral medications, and oxygen. It is also helpful to include the patient's lung function results in this section (*most recent FEV₁ and date*). Make a note on the plan to **indicate if the patient retains CO₂**.

STEP 2

Involve the patient in the development of the plan asking them about their previous experiences with exacerbations and action plan use. Consider and identify their symptoms (*infective/non-infective*), treatment and outcomes.

STEP 3

When completing the COPD Action Plan **consider the increased reliever dose, frequency and delivery method, antibiotic choice and steroid regime**. Include specific instructions to individualise the plan (*e.g. antibiotic "Use if mucus turns green". Identify if a reducing schedule is required*).

STEP 4

In partnership with the patient and medical officer **discuss the possible actions that the patient and carer can safely do prior to urgent medical review** (*e.g. Start steroids and/or start antibiotics*). **NOTE: This should be seriously considered if the patient has frequent severe exacerbations as they are at higher risk of further episodes and faster deterioration in their lung function.**

STEP 5

Liaise with the **medical officer to review, sign and date the plan**. Have the medical officer provide prescriptions for the medications recommended in the action plan and to reinforce the plan to the patient.

STEP 6

Explain the plan to the patient and carer including signs to watch for and actions to take. Talk about worsening signs that would indicate an exacerbation, such as an increased use of reliever medication due to increased breathlessness, increased cough, change in colour and/or volume of sputum production, etc. Encourage them to keep a symptom diary on a daily basis to monitor changes in symptoms.

STEP 7

Ask the **patient to sign the plan and keep it somewhere visible at home**. For example, both the COPD Action Plan and symptom diary could be put on the fridge for ease of reference.

STEP 8

Consider using editable pdfs, save and import or print and scan to the patients electronic clinical file. Give the patient a copy to bring with them to their next appointment for review and reinforcement. Explain to them that bringing the COPD Action Plan and symptom diary to follow-up appointments will assist in managing their COPD.

Adapted from 'Suggested strategy for developing a COPD Action Plan', developed by Statewide Respiratory Clinical Network, Queensland Health

COPD Online, an interactive training program for primary care nurses.