

MY COPD ACTION PLAN

Your doctor, nurse and other members of your healthcare team can help you fill in your COPD Action Plan. Review it each year, and also after a flare-up.

MY DETAILS

Name

Date of birth

Date of influenza immunisation (annual)

Date of pneumococcal immunisation

MY HEALTHCARE TEAM

Doctor

Phone

Other members of your healthcare team

Name

Profession

If I am unwell, I can call on for after hours advice.

I have a usual amount of phlegm/breathlessness. I can do my usual activities.

ACTION: Take your usual COPD medicines.

My FEV₁ is I retain CO₂ Yes No Unknown

Medicine	Inhaler colour	Number of puffs	Times per day
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I need to use home oxygen on setting or L/min for hours /day.

I am coughing more. I have more phlegm. It is harder to breathe than normal.

ACTION: Take your flare-up medicines. Monitor your COPD symptoms closely. Call your doctor.

Take puffs of (reliever) times every hours / A.M. / P.M. (circle)
 Use a spacer

I have taken my extra medicines but I am not getting better.

Take action now to manage your symptoms. Call your doctor.

Shortness of breath or wheeze	Phlegm has changed colour or fever
ACTION: Take <input type="text"/> prednisolone tablets 1mg, 5mg, 25mg (circle) <input type="text"/> times per day for <input type="text"/> days.	ACTION: Take <input type="text"/> antibiotic tablets <input type="text"/> times per day for <input type="text"/> days. Antibiotic name <input type="text"/>

My COPD symptoms have changed a lot. I am worried.

Difficulty sleeping/woken easily
Blood in phlegm or swollen ankles.

Very short of breath/wheezy
High fever or confusion
Chest pain or slurred speech.

ACTION: Call your healthcare team today.

ACTION: Call 000 now.

CAUTION: Ambulance/Paramedics: Oxygen supplementation to maintain SpO₂ 88 - 92% to reduce risk of hypercapnia.

Health professional authorisation

This COPD Action Plan was prepared on / / by in consultation with the patient.

Signature:

Profession:

Authorised by (if prepared by a non-prescriber):

Signature:

Entered into recall system



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Get to know your baseline

Your *baseline* is when you feel your usual self. You may have one or more symptoms at your baseline. Think about:

- How breathless you feel at rest
- Your usual amount of phlegm
- The colour of your phlegm
- How well you sleep
- How far you can walk.

Know your COPD medicines and inhalers

Your COPD medicines help control your symptoms, such as breathlessness, and reduce the risk of flare-ups. Take your COPD medicines as prescribed by your doctor. Use your inhaler device correctly to get the most benefit from your medicine.

You can reduce the risk of a flare-up

COPD flare-ups are serious health events. There are things you can do to reduce the risk of a flare-up, including:

- Quit smoking
- Exercise daily
- Join a pulmonary rehabilitation program
- Get influenza and pneumonia immunisations
- Take your COPD medicines daily, as prescribed by your doctor.



Relievers

SABA: Short-acting beta₂-agonists

Ventolin[®] MDI salbutamol

Asmol[®] MDI salbutamol

Airomir[™] Autohaler[®] salbutamol

Bricanyl[®] Turbuhaler[®] terbutaline

SAMA: Short-acting muscarinic antagonist

Atrovent[®] MDI ipratropium

Maintenance

LAMAs: Long-acting muscarinic antagonists

Incruse[®] Ellipta[®] umecidinium

Braltus[®] Zonda[®] tiotropium

Spiriva[®] Reusable Respimat[®] tiotropium

HandiHaler[®]

Spiriva[®] HandiHaler[®] tiotropium

Seebri[®] Breezhaler[®] glycopyrronium

ICS/LABA combinations

Bretaris[®] Genuair[®] aclidinium

Symbicort[®] Rapihaler[®] budesonide/formoterol

Symbicort[®] Turbuhaler[®] budesonide/formoterol

Seretide[®] Accuhaler[®] fluticasone propionate/salmeterol

Seretide[®] MDI fluticasone propionate/salmeterol

DuoResp[®] Spiromax[®] budesonide/formoterol

ICS/LABA/LAMA

Breo[®] Ellipta[®] fluticasone furoate/vilanterol

Fluticasone + Salmeterol Cipla[®]/SalplusF[®] MDI fluticasone propionate/salmeterol

Trelegy[®] Ellipta[®] fluticasone furoate/umeclidinium/vilanterol

LAMA/LABA combinations

Ultibro[®] Breezhaler[®] indacaterol/glycopyrronium

Spiolto[®] Reusable Respimat[®] tiotropium/olodaterol

Anoro[®] Ellipta[®] umeclidinium/vilanterol

Brimica[®] Genuair[®] aclidinium/formoterol

ICS: Inhaled corticosteroids (for patients with COPD and Asthma)

Fluticasone Cipla MDI fluticasone propionate

Flutotide[®] MDI fluticasone propionate

Arnuity[®] Ellipta[®] fluticasone furoate

QVAR[®] MDI beclometasone

Alvesco[®] MDI ciclesonide

Flixotide[®] Accuhaler[®] fluticasone propionate

Pulmicort[®] Turbuhaler[®] budesonide

ICS/LABA combination

Brezo[®] Ellipta[®] fluticasone furoate/glycopyrronium

Trimbow[®] MDI beclometasone/formoterol/glycopyrronium

LABAs: Long-acting beta₂-agonists

Onbrez[®] Breezhaler[®] indacaterol

Foradil[®] Aerolizer[®] formoterol

Oxis[®] Turbuhaler[®] formoterol

Serevent[®] Accuhaler[®] salmeterol

Learn how to use your inhaler device by watching our helpful videos.

1. Download **ZAPPAR** from Google Play or iTunes app store.
2. Open the app.
3. Scan this page.
4. Choose the inhaler device video.



**GET ZAPPAR
ZAP THE CODE**



My local support

Pulmonary rehabilitation program

Lungs in Action class

Support Group

ALGORITHM

MANAGING EXACERBATIONS

PATIENT IS FEELING UNWELL

They are finding it harder to breathe than usual or experiencing any of the following:

- More coughing
- More phlegm
- Thicker phlegm than usual.

Recommend start using more short-acting bronchodilator (SABA) e.g. salbutamol 4-8 puffs (400-800 mcg), via MDI and spacer every 3-4 hours, titrated to response.



PATIENT IS FEELING WORSE

If 3-4 hourly SABA not relieving symptoms adequately, **commence oral prednisolone 30-50mg daily (in addition to daily prescribed medicines) for 5 days, then stop.**

If clinical features of infection are present:

- Fever
- A change in colour and/or volume of phlegm

Also commence oral antibiotics (amoxicillin or doxycycline) for 5 days.

If patient has frequent exacerbations, consider whether further optimisation of daily prescribed medicine is required.



SEND TO HOSPITAL

Send to hospital if any of the following:

- Marked increased intensity of symptoms
- New or worsening peripheral oedema
- Worsening of hypoxaemia from usual (*if known*)
- SpO₂ <92% if not on home oxygen
- Shortness of breath that is worsening and/or at rest
- High fever
- Altered mental state (*confusion, slurred speech, drowsiness*)
- Chest pain
- Worsening of co-morbidities (e.g. *heart failure, ischaemic heart disease, diabetes*)
- Inability to perform daily activities and/or manage safely at home
- Increased anxiety (*feeling scared/afraid*).

PATIENT IS FEELING BETTER

Recommend:

- Step down short-acting bronchodilator use
- Return to usual daily prescribed medicines
- Check and correct inhaler device technique
- Review and reinforce use of the COPD Action Plan.



PATIENT IS FEELING BETTER

5 days after treatment commenced:

- Step down short acting bronchodilator use
- Cease oral prednisolone and/or antibiotics after 5 days and continue usual daily prescribed medicines
- Check and correct inhaler device technique
- Review and reinforce use of the COPD Action Plan.



PATIENT STILL UNWELL

5 days after treatment commenced:

- Review by GP or specialist
- Review and reinforce use of the COPD Action Plan
- Check and correct inhaler device technique.



Based on COPD-X Plan: Australian and New Zealand Guidelines for the Management of COPD; Australian Therapeutic Guidelines. Visit www.copdx.org.au for further details.



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HOW TO WRITE A COPD ACTION PLAN

STEP 1

Discuss the purpose of the COPD Action Plan

- Explain it will help them become familiar with their *baseline symptoms* and to know what to do if they have an exacerbation.
- Ask about any previous COPD exacerbations - *symptoms (infective/non-infective), management, changes in function.*

STEP 2

Complete the green section – COPD history

- Complete demographic information and baseline data - FEV₁ and CO₂ retaining status.
- Ask about their usual COPD symptoms (their baseline). Ask how they usually feel when completing daily activities - *walking, showering, carrying groceries*

STEP 3

Complete the green section – COPD medicines

- Ask what they understand about their usual COPD medicines.
- Provide education as required- *inhalers, oral medicines, and oxygen, if used.*
- Demonstrate correct inhaler device technique - *use the BlippAR app to view Lung Foundation Australia's inhaler device technique videos.*
- Ensure they understand how to use their inhaler - *ask them to teach you the correct technique.*

STEP 4

Complete the orange section – Managing a COPD exacerbation

- Discuss what a COPD exacerbation is, common symptoms, and benefits of early treatment.
- Complete the flare-up medicines regimen highlighting the need to monitor symptoms for improvement / worsening.
- Provide instructions on when to commence prednisolone *e.g. breathlessness and/or wheeze persist*, and write the specific regimen on the COPD Action Plan.
- Provide education on recognising signs of infection *e.g. Your mucus may turn green*, and write the specific antibiotic and regimen on the COPD Action Plan.

STEP 5

Complete the red section – Urgent medical review

- Discuss severe exacerbation symptoms and when urgent medical review is required.
- Ensure they understand when it is appropriate to call an ambulance.
- Discuss possible actions they can safely do prior to urgent medical review *e.g. Start your prednisolone and/or start antibiotics (if not already actioned).*

STEP 6

Provide your details and authorise

- Complete the My HealthCare Team section. Include an after-hours contact person for your clinic.
- Complete the Health Professional Authorisation section. *Non-prescribers: liaise with the doctor to review, sign and date the plan. Ask the doctor to provide prescriptions for recommended medicines and to reinforce the plan to the patient.*

STEP 7

Save and provide to the patient

- Save and import / print and scan to their electronic clinical file.
- Give the patient a copy. *Ask them to keep their COPD Action Plan in a visible place e.g. on the fridge and to bring it to future appointments for discussion.*
- Suggest the use of a 'symptom diary' to help keep track of symptoms over time.



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