

My COPD Action Plan

Name _____ Date of plan _____

My symptoms

My plan

Normal for me

My 'normal' is

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

Medication/s for COPD

Medication/s for COPD

Oxygen prescription

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

Reliever inhaler:

Puffs when I need it to relieve my symptoms

My symptoms

My plan

i'm unwell

My symptoms are worsening if I am:

- Coughing more than usual
- More breathless
- Needing my reliever medication more often
- More tired / lethargic
- Having difficulty with usual activities.

If I get more out of breath

I will use my reliever inhaler more.
Medication:

Take _____ puffs every _____ hours.

If I get more out of breath despite taking my reliever medications

I will start my rescue pack - prednisolone.
Medication:

_____ times per day

_____ mg

Daily for _____ days

If I get more phlegm and/or change in colour (dark yellow, green or brown)

I will start my rescue pack - antibiotics.
Medication:

_____ times per day

For _____ days

My flare ups

Date prednisolone started

Date antibiotics started

days or weeks

! If I have had to use my plan twice, it's time to organise an appointment with my doctor or nurse for a review.

My symptoms

My plan

Very unwell

I am becoming more unwell if:

- I am getting worse despite the extra medications (including increased reliever, prednisolone and/or antibiotics).

- Speak to my doctor today as I am no better.



If no urgent GP appointments are available, present to your local hospital emergency department.

My symptoms

My plan

Emergency

I'm extremely unwell if:

- I am experiencing sudden shortness of breath
- I am not responding to my reliever
- I am feeling scared
- I am unusually confused or drowsy
- I am having chest pain.

- **Dial 000** for an ambulance or press my medical alarm button
- Continue to use my reliever as needed until the ambulance arrives
- Try my breathing control techniques.

Plan prepared by _____

Doctor / Nurse Practitioner (circle)

Name: _____

Clinic phone: _____

Next review date: _____

Reminder created

Signature: _____

For more information about managing exacerbations, visit the dedicated clinical path resource.



Please turn page over 

Managing breathlessness

When feeling breathless

-  Stop what you are doing
-  Find a resting position
-  Use your fan or the breeze
-  Choose your preferred breathing technique, & continue for 2-3 minutes

After 2-3 minutes evaluate your breathlessness

Are you feeling less breathless and more in control?

Yes: Continue with your activity

OR

No: Take your prescribed reliever inhaler medication through a spacer, then resume breathing technique for another 2-3 minutes



If you remain breathless, refer to your written Action Plan on the front (turn over).

Common activities that can cause breathlessness when you live with COPD

Breathlessness is a common symptom in COPD. It can often seem to come on for no apparent reason or with very little exertion. This can cause people to feel frightened, out of control and anxious.



Preparing and eating meals



Hanging out washing



Bending down to tie shoes



Walking



Vacuuming



Showering and dressing

Self-management

Self-managing your condition helps to give you control. To learn more about these tools and how they can assist you in self-managing your condition, visit the Lung Foundation Australia website.

Self-management tool

Inhaler techniques

Correct inhaler technique helps you get the most benefit from your inhaled medications. Ask your doctor, nurse or pharmacist to check your technique.



Relaxed breathing and control

Bending over or leaning forward while resting your arms on a stable surface can assist with getting control of your breathing.



Chest clearance

Airway clearance techniques are breathing exercises that can help you cough up phlegm. Ask a physiotherapist skilled in airway clearance techniques for instructions on how to start.



Hand-held fans

A cool draft of air from a hand-held fan can help you feel less breathless and more in control.



COPD medications chart

It is important you understand your medicines, their role, how they work, and when and how to take them.



Pulmonary rehabilitation (PR)

PR is an exercise and education program that helps you to exercise safely and manage your breathlessness.



Vaccination

Vaccinations for influenza, pneumococcal pneumonia and COVID-19 can reduce the risk of a flare up. Ask your doctor to check if your vaccinations are up to date.



How to write a COPD Action Plan

STEP 1

Discuss the purpose of the COPD Action Plan

- Explain to patients that completing this provides familiarisation with COPD medications and a clear plan of action for recognising changes in their symptoms and what to do when their baseline symptoms change.
- Ask about any previous COPD exacerbations in the last 12 months - symptoms (infective/non-infective), management (ask the number of courses of oral prednisolone and/or antibiotics), changes in activities of daily living.

STEP 2

Discuss the 'Normal for me' section (green) 😊

- Ask about their usual daily activities and what is normal for them - walking, showering, carrying groceries etc.
- Ask about their usual daily symptom burden of cough/phlegm and breathlessness.

STEP 3

Complete the 'Normal for me' section (green) 😊 - medications, oxygen prescription, reliever inhaler

- Ask about their understanding of how their usual COPD medicines work and why they take them.
- Explain the role of their COPD medication if required- inhalers, oral medicines, and oxygen, if prescribed.
- Use your own placebo device to demonstrate the correct technique and share link to videos for your patient to use at home.
- **OR:** Use the Lung Foundation Australia's inhaler technique videos to teach correct technique and refer your patient to a proficient healthcare professional in your practice or a pharmacy.
- Ask them to teach the correct technique back to you.

STEP 4

Discuss the symptoms and complete the plan in the 'I'm unwell' section (yellow) 😐 Managing a COPD exacerbation

- Discuss what a COPD exacerbation is, common symptoms, and benefits of early treatment.
- Complete the flare-up medications (oral steroids and antibiotics) and highlight the need to monitor symptoms for improvement / worsening.
- Write instructions on when to start steroid tablets e.g. more out of breath despite taking reliever medications.
- Write instructions on when to start antibiotics and educate on recognising signs of infection e.g. As well as being breathless, you are producing more sputum than usual or it has changed colour.
- Advise your patient to book a review appointment if they have more than two flare ups a year that require treatment with their rescue medications.
- Ask your patient to record the details of their flare up. This will help them assess how effective their Action Plan is, the frequency of exacerbations and whether a change of maintenance therapy is required.

STEP 5

Discuss the 'Very unwell' section (orange) 😞

- Discuss and inform your patient of available options for accessing urgent care, with consideration of their local health services.
- Assess clinical appropriateness for providing your patient with a rescue pack of medications if no timely access to acute care is available.
- Consider prescribing rescue pack medications as outlined in the yellow section and instructions for use.

STEP 6

Explain and assess understanding of 'Emergency' section (red) 😡

- Discuss with your patient about recognising severity of their **symptoms** and the importance of following **actions** in their plan to access **urgent/emergency** care.
- Assess and address their understanding, if appropriate.

STEP 7

Provide your details and authorise

- Complete the Plan Prepared section of the plan.
 - Set a date to review the plan (at least yearly).
 - Create a reminder in the electronic patient record to review the plan.
 - Remind your patient to make an appointment for an earlier review if they have had two flare-ups in the last 12 months that required rescue medication (oral steroids and/antibiotics).

STEP 8

Save and provide to your patient

- Discuss and highlight the role of non-pharmacological self-management strategies for improving symptom control especially for breathlessness (see reverse side).
- Save and import/print and scan to their electronic medical record.
- 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.
- Encourage them to complete the flare up tracker in the yellow section.

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 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 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.

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.

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).

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.