

Annotated guide for healthcare professionals

Page 1. Sample only

My COPD Action Plan

My name **John Patient**
 Prepared with **Dr Elle Foundation Foundation Australia Clinic, (08) 9300 0501** Healthcare professional name, practice and phone
 Date **27 / 10 / 2025** This plan should be reviewed at least every 6-12 months



Example responses

I am well 😊		My Action Plan	
NORMAL FOR ME • I can do my usual activities • I have my usual symptoms e.g. shortness of breath, cough, sputum (phlegm or mucus)	My COPD medication I take every day	Trelegy Ellipta (pink cap) Take ONE puff ONCE daily	
	My reliever (if I need it)	Ventolin inhaler (blue cap). Take 2-4 puffs with a spacer if needed up to a maximum of 3-4 times a day.	
	Home oxygen? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Tick one	2L/min for 24 hours/day (target SpO ₂ range 88-92%)	
I am unwell 😞		My Action Plan	
SIGNS OF A FLARE-UP • More breathless than usual (using more reliever medication) • My usual activities or exercise feel harder than normal (I need to stop and rest more) • Coughing more than usual • More sputum (phlegm or mucus) than usual	1 Keep using my breathlessness management techniques or episode recovery plan	Use recovery positions, mucous clearance techniques and handheld fan. Refer to personalised breathlessness plan. See attached.	
	Use more reliever medication	Ventolin inhaler (blue cap). Take up to 8 puffs with a spacer. Repeat if needed up to a maximum of once every 3-4 hours	
	Rescue pack? <input checked="" type="checkbox"/> YES (go to 2) <input type="checkbox"/> NO (skip straight to 3) Tick one	Use this section if prescribed rescue pack	
	2 If my breathlessness gets worse	>>> I can take PREDNISOLONE	Oral prednisolone (prednisone) 50 mg Take ONCE a day for FIVE days, then stop
	2 If I have signs of infection e.g. • More sputum than usual • Change in colour, taste, or consistency of sputum • With or without a fever	>>> I can take ANTIBIOTICS	Oral amoxicillin 500 mg Take ONE tablet THREE times a day for FIVE days, then stop
3 If I take one or both medications	>>> I will leave a message with the clinic to let them know I started my COPD rescue pack		
3 If I am not getting better after 2-3 days	>>> I will arrange an urgent (same day) appointment		
I am very unwell 😞		My Action Plan	
SIGNS OF EMERGENCY • Symptoms get worse quickly • Very hard to breathe or talk • I feel very anxious about my breathing • I feel confused or drowsy	CALL AMBULANCE DIAL 000 IMMEDIATELY		
	While I wait for help	>>> I will keep using my breathlessness management techniques or episode recovery plan >>> I will use my reliever	
	Notes (optional) e.g. first aid reliever protocol Other emergency contact details on page 2	Take ONE puff every minute for FOUR minutes with a spacer. Wait 20 minutes. Repeat if needed until help arrives.	

Fill prescription/s

Fill max. to use when well

Fill prescription/s

If yes

Fill personal plan

Fill max. to use when unwell

Fill prescription

Fill prescription

Discuss options

As available
E.g. another GP,
Urgent Care, etc.

Add notes

Information for the ambulance

Other information you might need for the ambulance

My home address	42 Wallaby Way, Sydney, 2000 NSW		
Emergency contact	Name: Peter Shermann	Phone number:	0412 345 678
Available and up to date documents in My Health Record (MHR) and copy given to patient	Health Summary in MHR	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Tick one	Advanced Care Plan in MHR <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Tick one
GP notes for first responder <small>e.g. if CO₂ retainer, target SpO₂ range, etc.</small>	CO ₂ retainer; target SpO ₂ range 88% - 92%. Access code is 1234#. Watch out for the cat.		

- Fill home address
- Fill contact details
- Tick if up to date in MHR and patient copy provided
- Fill other practical or clinically relevant info

Essentials For all people living with COPD

Vaccinations

Smoking cessation

Exercise and physical activity

Nutrition

COPD Action Plan

Self-management plan

Optimise comorbidities

Inhaler technique and adherence

Pulmonary rehabilitation

- Especially if symptomatic
- After every severe exacerbation (post-hospitalisation)

Regular review

- Within 4-12 weeks of ANY change** (e.g. initiating new inhaler; after any moderate or severe exacerbation; changes in lifestyle, comorbidities, adverse events; changes to inhaler adherence or reliever use)
- Then every 3-6 months** until stable
- Then at least annually**

Follow-up review checklist

Timely clinical review should follow every exacerbation – including when a rescue pack is used.

- | | |
|---|---|
| <input type="checkbox"/> Document exacerbation in clinical record | <input type="checkbox"/> Consider step-up in maintenance therapy (or referral) if exacerbations are frequent or severe (e.g. resulting in hospitalisation or emergency department presentation) |
| <input type="checkbox"/> Review inhaler technique and adherence | |
| <input type="checkbox"/> Reinforce COPD Action Plan | |
| <input type="checkbox"/> Consider suitability for rescue pack | |

An urgent appointment may be required if there is no improvement to symptoms within the first few days of additional medication/s. Suitable options may vary according to availability and access.

Resource hub

lungfoundation.com.au/support-resources/resource-hub/

COPD Action Plan PDF template
copd-action-plan-2/

COPD Action Plan RTF template
copd-action-plan-rtf-template/

COPD Action Plan Greyscale template
copd-action-plan-greyscale/

COPD Exacerbation Algorithm (Primary Care)
managing-exacerbations-algorithm/

Stepwise Management for Stable COPD
stepwise-management-of-stable-copd/

lungfoundation.com.au

Lung Health Helpline (Free call) 1800 654 301

enquiries@lungfoundation.com.au

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