About me

(tick all that apply)

- ☐ I am a known CO_2 retainer
- ☐ I have an Advance Care Plan
- ☐ Long-term home oxygen and flow rate: _____ *L/min*

Remember

- Keep your action plan up to date
- Make sure your inhalers aren't empty or expired
- Take your medications as prescribed
- Regularly check your inhaler technique with your healthcare practitioner

Tips for managing your breathlessness

Scan this QR code for a guide on managing your breathlessness.

My breathlessness plan

1. Stop what you are doing

2. Find a resting position

3. Use your fan, or the breeze

4. Begin your preferred breathing technique for 2-3 minutes

If you are still feeling breathless, follow your **Action Plan** on the next page.

Using a Respimat inhaler

Prepare for first use

- Each time you start using a new Respimat inhaler, you will need to **load the medication cartridge and prime** your inhaler.
- Follow the instructions on the leaflet inside your medication box to prepare your Respimat inhaler for first use, or ask your pharmacist to show you.

Daily use ('TOP')

TURN

- With the cap closed, TURN the clear base in the direction of the arrows on the label until it clicks (half a turn).

OPEN

- OPEN the cap until it snaps fully open.

PRESS

- Hold the inhaler away from your mouth and breathe out slowly and fully.
- Insert the mouthpiece into your mouth and close your lips around the mouthpiece without covering the air vents.
- While taking a slow, deep breath in through your mouth, PRESS the dose-release button and continue to breathe in.
- Hold your breath for as long as comfortable.
- Remove the inhaler away from your mouth and breathe out gently.

Repeat if necessary for your prescribed dosage.
Close the cap to click shut.

Cardiac + Respiratory FOUNDATION NZ

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COPD

(Chronic Obstructive Pulmonary Disease)

Action Plan

This COPD Action Plan belongs to:

Cardiac + Respiratory FOUNDATION NZ

Your COPD Action Plan

Name

Date of plan

Healthcare practitioner

Healthcare practice phone

Know your COPD symptoms...

Know when and how to take your medicine...

NORMAL FOR ME

When I am well my 'normal' is:

- I have a usual amount of cough/sputum
- I can do my usual activities
- I can walk ____ metres/km
- Oxygen saturations ____ % breathing room air

[name] — *puffs every morning* — *puffs every night*

[name] — *puffs every morning* — *puffs every night*

Reliever: [name] — *puffs when you need it to relieve your symptoms*

I'M UNWELL

These signs suggest my COPD is worse:

- I am more breathless
- I need my reliever medicine more often
- I am more tired/fatigued
- I am losing my appetite
- I may have a fever (hot/cold flushes, temperature)
- I may have more sputum

What should I do?

- Breathing control techniques – *scan QR code on back page*
- Rest more
- Sputum clearance
- Take reliever inhaler regularly (for example every 4 hours)
- Make an appointment to see my Primary Health Care team within 3 days

Start Prednisone: ____ *mg for* ____ *days*

If I have all of the following symptoms it is a sign of a chest infection:

- There is an increase in the amount of sputum
- My sputum has changed to a darker colour
- I am more breathless than usual

Start antibiotics for signs of a chest infection:

[name] — ____ *times per day for* ____ *days*

I'M VERY UNWELL

I am becoming more unwell if:

- I am getting worse despite the extra medicines

OR

- I am no better 48 hours after taking prednisone

What should I do?

- Breathing control techniques – *scan QR code on back page*
- Rest more
- Sputum clearance
- Phone my Primary Health Care team to make an urgent appointment today or go to After Hours Medical Centre

Important: See a healthcare practitioner today

Other instructions:

EMERGENCY

I'm *extremely* unwell

- I am very breathless
- I am not getting any relief from my reliever medicine
- I am scared
- I may be unusually confused or drowsy
- I may have chest pain

What should I do?

- **Dial 111 for ambulance** or press your medical alarm button
- Take extra reliever as needed until the ambulance arrives
- Breathing control techniques

Plan prepared by

Next review date

Signature