caring village

COPD Action Plan

Personalize this page with the clinician who manages the COPD plan.

Name: _____ **Clinician:** _____

Office / after-hours: _____ **Prescribed oxygen flow:** _____

Usual breathing / activity baseline: _____

GREEN ZONE - USUAL DAY

WHAT I NOTICE

[ ] Breathing and activity are at the person's usual baseline.

[ ] Usual cough, mucus, sleep, and appetite.

WHAT THE WRITTEN PLAN SAYS TO DO

[ ] Continue prescribed medicines and oxygen exactly as directed.

[ ] Continue the written routine and scheduled care.

[ ] Record meaningful changes for the next visit.

YELLOW ZONE - NEW OR WORSENING CHANGE

WHAT I NOTICE

[ ] More breathless, cough, mucus, wheeze, fatigue, or swelling.

[ ] Needs more rest or cannot do usual activities.

WHAT THE WRITTEN PLAN SAYS TO DO

[ ] Follow the clinician's written yellow-zone instructions.

[ ] Call the clinician or after-hours number: _____

[ ] Do not change medicine or oxygen flow unless instructed.

RED ZONE - EMERGENCY

WHAT I NOTICE

[ ] Severe breathlessness, blue or gray lips, confusion, fainting, or another red-zone symptom named by the clinician.

WHAT THE WRITTEN PLAN SAYS TO DO

[ ] Call 911 now. Do not drive yourself.

[ ] Do not delay emergency care to try a breathing exercise.

[ ] Use rescue treatment only as the written plan directs.

OXYGEN AND EQUIPMENT SAFETY

[ ] Keep oxygen at least 5 feet from heat and open flame. Never smoke near oxygen.

[ ] Never change the prescribed oxygen flow. Keep tubing clear and equipment upright.

[ ] Follow discharge instructions for fluids, rest, activity, inhalers, and equipment cleaning.