

## About me

(tick all that apply)

- I am a known CO<sub>2</sub> retainer
- I have an Advance Care Plan
- I am happy for this plan to be shared with other healthcare providers
- 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
- Ensure you always carry your reliever
- Regularly check your inhaler technique with your healthcare professional

## 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 spacer

If you use a metered dose inhaler (MDI), a spacer will help get the correct dose of medication into your lungs.



Ask your healthcare professional about a spacer, they can provide them free of charge. If you don't already have one, you need one. Spacers increase your medication's effectiveness.

1. Shake the inhaler well (holding it upright).
2. Fit the inhaler into the opening at the end of the spacer.
3. Seal lips firmly around the mouth piece, press the inhaler once only.
4. Take 4-6 slow breaths in and out through your mouth. Do not remove the spacer from your mouth between breaths.  
**OR** take one slow deep breath in and hold this for 10 seconds.
5. Repeat steps 1-4 for further doses.



## Washing your spacer

Wash your spacer once a week with warm water and dishwashing liquid.

**Do not rinse, drip dry** to ensure that your medicine gets into your lungs and doesn't stick to the sides of the spacer.

Produced by Asthma and Respiratory Foundation NZ

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# COPD

(Chronic Obstructive Pulmonary Disease)

## Action Plan



This COPD Action Plan belongs to:

**Better breathing, better living.**

Name \_\_\_\_\_

Healthcare practitioner \_\_\_\_\_

Date of plan \_\_\_\_\_

Healthcare practice phone \_\_\_\_\_

## Know your COPD symptoms...

NORMAL FOR ME

### When I am well my 'normal' is

- I have a usual amount of cough / phlegm.
- I can do my usual activities.
- Exercise / activity \_\_\_\_\_
- Oxygen saturations \_\_\_\_\_ % breathing room air

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 / lethargic
- I am losing my appetite
- I may have signs of a fever (hot/cold flushes, temperature)

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

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

## Know when and how to take your medicine...

|        |                        |
|--------|------------------------|
| [name] | puffs<br>every morning |
|        | puffs<br>every night   |

|        |                        |
|--------|------------------------|
| [name] | puffs<br>every morning |
|        | puffs<br>every night   |

Reliever:

puffs when  
you need it to  
relieve your  
symptoms

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

- There is an increase in the amount of phlegm
- My phlegm 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 |
|--------|-------------------|------|

**Important:** You need to see a doctor today

### Other instructions:

|  |
|--|
|  |
|  |

### What should I do?

- Breathing control techniques
- Energy conservation techniques
- Chest clearance
- Phone my Primary Health Care team to make an urgent appointment today or go to After Hours Medical Centre

### What should I do?

- Dial 111 for an 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 \_\_\_\_\_