



Living Well with COPD

GREEN ZONE I'm doing well

My COPD is well CONTROLLED

- Usual activity– without shortness of breath.
- Usual amount of phlegm/mucus.
- No increase in cough, wheezing, or shortness of breath.
- Sleeping well.
- Good appetite.

ACTIONS:

- Continue daily medications as directed.
- If needed continue O2 as prescribed: _____ liters.
- Continue regular activities and exercise.
- Maintain adequate nutrition and hydration.
- Get a good nights sleep.
- Wash your hands and do it often.
- If you still smoke, plan to quit.

YELLOW ZONE It's a bad day

My COPD symptoms indicate that I need to talk with my provider.

- Having trouble breathing– more short of breath.
- I have less energy for my daily activities.
- I'm using my rescue inhaler/nebulizer more often.
- Increase in cough and/or phlegm.
- My phlegm is thicker and has changed color.
- My appetite is not good.
- Daily maintenance medications are not helping.
- Fever.

ACTIONS:

- Continue daily medication **PLUS** rescue inhaler.
- Call Physician: _____
_____ for possible steroids or antibiotics.
- Practice pursed lip breathing. Try and stay relaxed.
- Continue O2 as prescribed by your provider.
- Avoid any extra activity that may make you feel worse.
- Get plenty of rest and keep hydrated.

RED ZONE EMERGENCY

My COPD symptoms indicate that I need to be evaluated immediately!

- Severe shortness of breath at rest.
- Unable to do normal activities because of breathing.
- Unable to sleep because of breathing.
- More drowsy, confused.
- Chest pain. Fever and chills.

ACTIONS:



Take your rescue inhaler or nebulizer

Call 911

My name is: _____

My doctor is: _____

My doctor phone number is: _____

My emergency contact is: _____

My emergency contact phone number is: _____

**These are my Respiratory Medications:
(I always carry my RESCUE INHALER with me.)**

RESCUE Medication: _____

of Puffs _____ or Nebulizer How often: _____

Medication: _____

of Puffs _____ or Nebulizer How often: _____

Medication: _____

of Puffs _____ or Nebulizer How often: _____

Medication: _____

of Puffs _____ or Nebulizer How often: _____

**If I am having symptoms displayed in the YELLOW ZONE,
I will continue my daily medications, take my rescue inhaler,
and call my DOCTOR.**

I wear OXYGEN at home: _____ YES _____ NO

How many liters: _____

I am a CO2 retainer: _____ YES _____ NO

Keep my oxygen saturation between: _____

My home BIPAP settings:

IPAP/EPAP: _____ / _____

Ask your doctor about a FLU and/or Pneumonia vaccine!

Date: _____ Time: _____



St. Elizabeth
HEALTHCARE