



# 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: \_\_\_\_\_