# **Your COPD Action Plan**

It is recommended that all members with COPD be required to complete an action plan with your healthcare provider and review that action plan at each visit. To complete your action plan, your healthcare provider should check the appropriate box in the "Actions" column, instructing you on the appropriate actions to take for each symptom you may experience. Your healthcare provider may write down other actions in addition to those listed here.

Please complete the table below with your provider. The green, yellow and red zones represent the three categories of COPD. The list of symptoms listed for each zone are examples of symptoms you may experience, however it is still possible you may experience other symptoms.



#### I NEED URGENT MEDICAL CARE

## **Symptoms:**

- Severe shortness of breath even at rest
- Not able to do any activity because of breathing
- Not able to sleep because of breathing
- Fever or shaking chills
- Feeling confused or very drowsy
- Chest pains
- Coughing up blood

#### **Actions:**

Call 911 or seek medical care immediately
☐ Do the following while getting help:







## I AM HAVING A BAD DAY OR A COPD FLARE-UP

# **Symptoms:**

- More breathless than usual
- I have less energy for my daily activities
- Increased or thicker phlegm/mucus
- Using quick relief inhaler/nebulizer more often
- Swelling of ankles more than usual
- More coughing than usual
- I feel like I have a "chest cold"
- Poor sleep and my symptoms woke me up
- My appetite is not good
- My medicine is not helping

Continue daily medication
☐ Use quick relief inhaler every hours
☐ Start an oral corticosteroid (specify name, dose and duration)
☐ Start an antibiotic (specify name, dose and duration
☐ Use oxygen as prescribed
Get plenty of rest
At all times avoid cigarette smoke, inhaled irritants*
☐ Call provider immediately if symptoms don't improve*





# **Symptoms:**

- Usual activity and exercise level
- Usual amounts of cough and phlegm/mucus
- Sleep well at night
- Appetite is good

-					
$\boldsymbol{\Lambda}$			IA	-	
	•			-	_

☐ Take daily medicines
☐ Use oxygen as prescribed
☐ Continue regular exercise/diet plan
Avoid cigarette smoke and inhaled irritants at all times
Material adapted from the American Lung Association   www.lung.org

MeridianComplete is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call **1-855-580-1689** (TTY: **711**).

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-580-1689** (TTY: **711**).

