



My COPD Action Plan

Name: _____

DOB: ___/___/_____

Date: ___/___/_____

Green Zone: ALL CLEAR - I'm feeling well today – Keep up the good work!

Breathing:

- My breathing is normal for me
- I have no change in coughing or amounts of phlegm/mucus
- I sleep well at night

I Will:

- Take daily medications
- Use oxygen as prescribed
- Avoid cigarette smoke or things that make my breathing worse
- Get my flu and pneumonia vaccines

Yellow Zone: CAUTION - I'm having a bad day/COPD flare – I need some help!

Breathing:

- I am more short of breath than usual
- I have less energy for my daily activities
- I am coughing more or have increased or thicker phlegm/mucus
- I feel like I have a "chest cold"
- I am using my rescue inhaler/nebulizer more often
- I am not sleeping well

I Will:

- Contact my provider immediately if symptoms don't improve
- Continue my daily medication
- Use my rescue inhaler every __ hours
- Use oxygen as prescribed
- Practice my breathing exercises
- Avoid cigarette smoke or things that make my breathing worse

Red Zone: DANGER - I need immediate medical care!

Breathing:

- I have severe shortness of breath even at rest
- I am not able to do any activity
- I am not able to sleep
- I may have a fever or shaking chills
- I may feel confused or very sleepy
- I may be having chest pain
- I may be coughing up blood
- I am not able to eat

I Will:

- Call 911 or seek medical care immediately
- Use my rescue inhaler/nebulizer while waiting for help
- Call my provider's office to alert them I am going to hospital, if able

My Providers:

For appointments or urgent concerns, please contact your pulmonologist or provider's office directly:

Pulmonologist:

Primary Care Provider:

Pulmonologist Phone Number:

Primary Care Phone Number:

Coastal Resources:

My Coastal COPD Care Team

For general, non-urgent questions or concerns:
Call/text *during office hours*: **401-405-1431**

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