

COPD Self-Management Plan

Name _____

Date _____

Green Zone: In Control



- ✓ I breathe easily without a cough or shortness of breath.
- ✓ I am not wheezing.
- ✓ I am not experiencing chest tightness.
- ✓ I do not need to decrease my activity level as I am able to maintain my normal activity level.

Green Means I Should:

- ✓ Continue to take my medicine as ordered.
- ✓ Continue regular activity as tolerated.
- ✓ Follow a low salt diet.
- ✓ Wear oxygen, if prescribed.
- ✓ Keep all physician appointments.

Yellow Zone: Caution



- ✓ I have an increased cough and/or sputum and symptoms.
- ✓ I have an increase in shortness of breath with my usual activity level.
- ✓ I have increased the amount of quick relief medications used.
- ✓ I have had a change in my usual energy level—increase in either tiredness or restlessness.
- ✓ I need more pillows to sleep.
- ✓ I have swollen ankles more often than usual.
- ✓ I have chest tightness.

Yellow Means I Should:

- ✓ Continue taking daily medications.
- ✓ Use oxygen, if prescribed.
- ✓ Contact my physician, nurse, or home health nurse to discuss my change in symptoms and possible adjustment of medication.

Physician Contact:

Doctor: _____

Phone: _____

Red Zone—Medical Alert!



- ✓ I have unrelieved shortness of breath, chest pain, or chest tightness.
- ✓ I have shortness of breath, wheezing, or chest tightness at a rest state.
- ✓ I have an increased or irregular heartbeat.
- ✓ I have a fever or shaking chills.
- ✓ I need to sleep sitting up or in a chair.
- ✓ I have changes in the color of my skin, nail beds, or my lips are gray or blue.
- ✓ I am experiencing confusion or I am coughing up blood.

Red Means I Must:

- ✓ **Take action!**
- ✓ **Go to the Emergency Room or call 9-1-1 immediately!**