

# Plan of Action

My name is: \_\_\_\_\_

## Contact List

Service	Name	Phone Number
Resource Person		
Family Physician		
Respirologist		
Pharmacist		

## I Feel Well

### My Usual Symptoms

- I feel short of breath: \_\_\_\_\_
- I cough up sputum daily.  No  Yes, colour: \_\_\_\_\_
- I cough regularly.  No  Yes

### My Actions

- I sleep and eat well, I do my usual activities and exercises

### My Regular Treatment is:

Medication	Dose	Puffs/pills	Frequency

## I Feel Much Worse

My Symptoms	My Actions
<ul style="list-style-type: none"> <li>• My symptoms get worse.</li> <li>• After 48 hours of treatment my symptoms are not better.</li> </ul>	<ul style="list-style-type: none"> <li>• I call my contact person.</li> <li>• After 5 pm or on the weekend, I go to the hospital emergency department.</li> </ul>

## I Feel I am in Danger

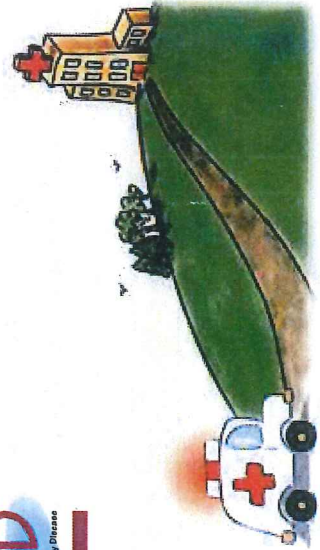
My Symptoms	My Actions
<p>In any situation if:</p> <ul style="list-style-type: none"> <li>• I am extremely short of breath</li> <li>• I am confused and/or drowsy</li> <li>• I have chest pain</li> </ul>	<ul style="list-style-type: none"> <li>• I dial 911 for an ambulance to take me to the hospital emergency department.</li> </ul>

Other recommendations from my doctor about my Plan of Action:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

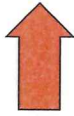


# I Feel Worse

**My Symptoms**

- Changes in my sputum (colour, volume, consistency)
- More shortness of breath than usual

Note that these changes may happen after a cold or flu-like illness and/or sore throat

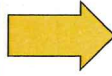


**My Actions**

- I take the **additional treatment** prescribed by my doctor
- I avoid things that make my symptoms worse
- I use my breathing, relaxation, body position and energy conservation techniques
- I notify my resource person \_\_\_\_\_

## CHANGES IN MY SPUTUM

My additional treatment is:

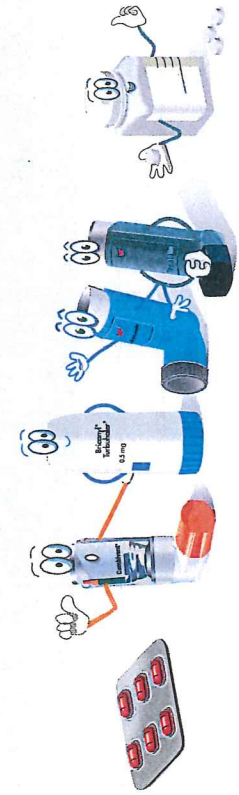


- I start my **ANTIBIOTIC** if my **SPUTUM** becomes \_\_\_\_\_

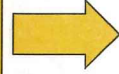
I check my sputum colour, volume and consistency (not only in the morning).  
I do not wait more than 48 hours to start my antibiotic.

Antibiotic	Dose	Number of Pills	Frequency/days

Comments: \_\_\_\_\_



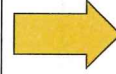
## MORE SHORTNESS OF BREATH THAN USUAL



- I increase my reliever (**BRONCHODILATOR**) if I am **MORE SHORT OF BREATH** than usual.

Bronchoalator	Dose	Number of Puffs	Frequency/days

Comments: \_\_\_\_\_



- I start my **PREDNISONE** if after increasing my Bronchodilator my **SHORTNESS OF BREATH DOES NOT IMPROVE** and I have difficulty performing my usual activities.  
I do not wait more than 48 hours to start my prednisone.

Prednisone	Dose	Number of Pills	Frequency/days

Comments: \_\_\_\_\_