

Please keep your COPD self management plan with you and bring it to all GP and hospital appointments.

For more information please phone the BLF helpline on:  
**0300 00 30 555**

Email:  
**helpline@blf.org.uk**

or visit:  
**blf.org.uk/COPD**

**mission<sup>™</sup>abc**  
TAKING CONTROL

### My Self Management Plan

Name: \_\_\_\_\_

Date: \_\_\_\_\_

# COPD Self Management Plan

## My details

Name:

Address:

Phone:

NHS Number:

## My General Practitioner details

Name:

Address:

Phone:

## Nurse contact details

Name:

Contact Number:

## My next of Kin is

Name:

Contact Number:

# My COPD check list

- |   | Tick                     |
|---|--------------------------|
| <b>1</b> I have had my diagnosis confirmed by a lung function test (spirometry).  | <input type="checkbox"/> |
| <b>2</b> I feel supported to manage my COPD and know where to find information and advice. I am actively involved in my care and have the opportunity to discuss how I wish to be treated.                          | <input type="checkbox"/> |
| <b>3</b> If I smoke I have been offered help, support and treatment to stop smoking.  | <input type="checkbox"/> |
| <b>4</b> I know the importance of keeping active and eating well. I have been offered the opportunity to improve my activity through exercise and pulmonary rehabilitation if appropriate.                          | <input type="checkbox"/> |
| <b>5</b> I know how and when to take my medicines, and feel able to use my inhalers and other medicines properly. I have rescue medication and know, how and when to use them.                                      | <input type="checkbox"/> |
| <b>6</b> I have been given a free flu jab every year by my GP and a one-off pneumonia jab.  | <input type="checkbox"/> |
| <b>7</b> I see my doctor or nurse routinely at least once a year for a review of my lung function, medicines and inhaler technique, breathlessness, activity and oxygen levels, flu vaccination and my action plan. | <input type="checkbox"/> |

# Living with COPD

## Chest Clearance

- Drink plenty of water throughout the day
- Sleep in a well ventilated room
- Keep mobile
- Aim to cough and clear my chest every few hours

## Diet

- Eat little and often
- Eat healthy foods I enjoy
- Remember to take diet supplements if prescribed

## Mobility

- Keep active every day
- Avoid going out in the cold air
- Avoid air pollution
- Allow enough time to do things
- Plan things to look forward to

Am I oxygen sensitive?

Yes

No

## My COPD medication is

Drug and dose	Time

## My appointment diary

Date	Time

## My flare-up diary

Date	Time

## My allergies are

## My symptoms



### My symptoms are normal for me

Learn to understand what symptoms are normal for me. Use my maintenance medication as prescribed by my doctor. Remember good inhaler technique.



## Management plan

### When I am well

I continue to take my usual medication as prescribed.



### Mild deterioration

I am more breathless than normal but have no fevers or change in sputum colour or volume. I will continue my regular treatment and use reliever inhaler as prescribed.



### When I have a mild deterioration

I will use my reliever medication.

This is: \_\_\_\_\_  
\_\_\_\_\_



### Moderate deterioration

I am more breathless than normal and coughing up more sputum or sputum has changed in colour. Or I am much more breathless despite taking my reliever medication. I will use steroids and antibiotics as prescribed.



### I have a moderate deterioration in my symptoms

I will continue to use my medication and

Steroid: \_\_\_\_\_

Antibiotic: \_\_\_\_\_

I will tell my COPD nurse within 2 days of starting this treatment.



### Severe deterioration

My breathing is much worse than normal despite treatment, or I have chest pain and/or high fevers.



### I am much worse than normal

I will call my GP the same day or call 999 if I am too unwell to wait to see my doctor.