

COPD Action Plan

Your COPD (chronic obstructive pulmonary disease) Action Plan is created by you and your primary care doctor or advanced practice provider (APP). It explains how to handle your symptoms as your condition changes and is tailored specifically for you. We recommend you review your COPD Action Plan with your doctor every 6 months.



Good Day

Stay Well

A normal day for me includes:

- Normal activity level
- No shortness of breath
- Usual amount/color of phlegm
- Good appetite
- Sleeping well at night

Continue:

- Taking all prescribed medications
- Avoiding all inhaled irritants & bad air days
- Keeping all routine doctor appointments
- Maintaining a regular exercise/diet plan

NOTES: _____

Next Flu Vaccination: _____

Next Pneumococcal Vaccination: _____



Bad Day

Take Action

If you are experiencing any of the following symptoms:

- Noisy breathing or wheezing sounds
- Change in color, thickness, odor or amount of mucus
- Increased shortness of breath or coughing
- Unusual tiredness or difficulty sleeping
- Fever
- New or increased swelling in the legs

Take these steps:

- Start your COPD Rescue Pack if you have been prescribed one
- Continue use of existing prescribed medications
- Call your doctor, APP*, or care manager right away

NOTES: _____



EMERGENCY

CALL FOR HELP

Call your doctor/APP if you are experiencing ANY of the following symptoms:

- Wheezing or chest tightness at rest
- Unable to perform daily activities
- Unable to sleep due to difficulty breathing
- Fever or shaking chills
- Blue or purple lips or nail tips

Doctor/APP Phone Number: _____

Call 911 if you are experiencing:

- Unrelieved chest pain
- Coughing up blood
- Feeling confused or very drowsy

*An advanced practice provider is defined as a nurse practitioner or physician assistant.

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COPD Action Plan

My Care Team

Doctor/APP: _____

Doctor/APP Daytime Phone: _____

Care Manager: _____

Pulmonologist: _____

Social worker: _____

Pharmacist: _____

After Hours Phone: _____

Phone: _____

Phone: _____

Important Reminders

Take your medications every day.

- Always carry a list of your medications with you and bring all your medicines and inhalers to your office visits. Ask your doctor, APP or care manager to list what each medication is for, how to take it and how often if you're not sure.
- Keep your short-acting (rescue) inhaler and spacer if needed with you at all times. Make sure you know which of your medications to use when you're suddenly feeling short of breath. Ask for instructions on how and when to use your inhaler and spacer if you're unsure.

Activity Check

Think about your ability to perform the activities below on a typical "green" day. Discuss with your doctor/APP how difficult it is to do that activity now.

- Sleeping
- Cooking
- Showering/Bathing
- Exercising
- Brushing Teeth
- Working
- Climbing Stairs
- Cleaning
- Making Bed

Important Reminders

- **Medication.** Always carry your short-acting (rescue) inhaler and spacer if needed with you.
- **Breathing techniques.** Use the pursed-lip breathing technique below:
 - Breathe in slowly through your nose for two counts, keeping your mouth closed.
 - Pucker or "purse" your lips as if you were going to whistle or gently flicker the flame of a candle.
 - Breathe out slowly and gently through your pursed lips while counting to four.
- **Exercise.** Being active will improve energy levels and strengthen muscles so you can do more.
- **Balance rest and activity.** Try to balance rest periods with activity each day.
- **Healthy eating.** Eat a well-balanced diet including protein, carbohydrates, and healthy fats for energy. Ensure your portions are well balanced.
- **Pulmonary rehabilitation.** Discuss the benefits of participating in pulmonary rehab programs with your doctor, APP or care manager.
- **Oxygen.** Follow your doctor/APP's instructions on when and how to use oxygen if it has been prescribed for you. Don't stop therapy or make changes on your own without first talking with your care team.

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Understanding COPD

What is COPD?

Chronic obstructive pulmonary disease (COPD) is a disease that damages the lungs, making it difficult to breathe over time. It includes other chronic lung diseases like emphysema and chronic bronchitis.

The main symptom of COPD is **breathlessness**. Some people with COPD also experience **tiredness and chronic cough with or without mucus (phlegm)**. Let's break down this complicated name into smaller pieces:

C Chronic

COPD is not a disease that can be cured, but it can be successfully managed and treated. The symptoms of COPD often take years to develop but with lifestyle changes and treatments, your quality of life can greatly improve and allow you to stay active.

O Obstructive

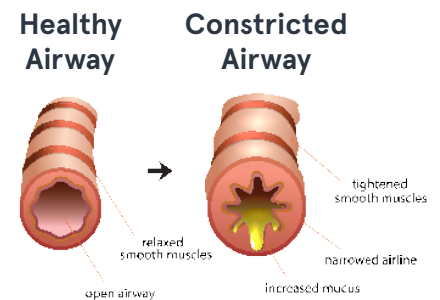
In COPD, the airflow through your lungs is blocked (obstructed). Less air is flowing in and out which can be caused by swelling and extra mucus in the tubes inside your lungs.

P Pulmonary

Pulmonary means lung and is where this disease is located. When you breathe air in, it travels through your windpipe and into the airways in your lungs, called bronchial tubes. They look like the branches of a tree, with larger tubes leading to smaller ones. Each airway "branch" ends with alveoli, which are tiny air sacs where oxygen moves into the bloodstream. The alveoli can be thought of as the leaves on a tree. Chronic bronchitis affects the bronchi (the tree branches) while emphysema affects the alveoli (the leaves on the tree).

D Disease

COPD is a progressive disease which means the damage in your lungs gets worse over time and symptoms usually become more severe. But with the right treatment, your symptoms can be managed, and the progression of the disease can be slowed.



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Understanding COPD

What are the symptoms of COPD?

The symptoms of COPD can be different for each person. Symptoms can also vary from day to day, with some days being worse than others. Common symptoms of COPD include:

- Shortness of breath, especially while doing everyday activities
- A frequent cough with or without mucus
- Wheezing (a whistling sound when you breathe in or out)
- Chest tightness

Some of these symptoms are like those related to other conditions, such as heart problems, obesity, asthma, and allergies. It is important to tell your doctor if you are experiencing any of these symptoms.

Many people with COPD also have additional chronic diseases. These are called comorbidities, which means there is more than one disease or condition within your body at the same time. This term is important because it helps doctors and advanced practice providers (APPs)* understand and explain how different conditions might affect your physical and mental health, both together and separately. Talk to your primary care provider if you have other symptoms even if you think they are not related to your COPD.



There are many ways to treat and manage your COPD. Your Village Medical care team will help you figure out which medications, devices and lifestyle changes are right for you. Be sure to speak with your Village Medical team at the first sign of COPD symptoms so they can be managed to help improve your quality of life and overall health.

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What You Need to Know Before Your Spirometry Test

Spirometry is a simple breathing test that measures how much air your lungs can breathe in or out, as well as how easily and fast you can blow air out of your lungs. If you are having shortness of breath, wheezing, constant coughing, or a lot of mucus, your primary care doctor or advanced practice provider (APP)* may recommend you have a spirometry test.

How to Prepare for Your Spirometry Test

IMPORTANT: Do not use any inhalers or nebulizers within 12 hours of the spirometry test. **Please note,** you will need to reschedule your test if you use your inhaler or nebulizer within 12 hours of the test.

To properly prepare for your spirometry test, it is important to avoid the following activities prior to the test.

- Do not smoke for 1 hour before your test.
- Do not drink alcohol for at least 4 hours before the test.
- Do not exercise heavily for at least 30 minutes before the test.
- Do not eat a large meal within two hours before the test.
- Be sure to wear loose clothing for the test.
- If you are recovering from a recent infection, COVID-19, surgery on your eyes, abdomen or chest, or another ailment that has impacted your breathing, please inform the clinic before the day of your test.



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What You Need to Know Before Your Spirometry Test

What to Expect During Your Spirometry Test

- Your medical assistant (MA) will conduct the spirometry test in an exam room. This test will take approximately 30 minutes to complete.
- The MA will walk you through the steps. Be sure to ask for clarification if any steps are unclear.
- In general, you can expect the following:
 - A clip will be placed on your nose.
 - You will be asked to take deep breaths as well as to breathe out as hard as you can for several seconds.
- You may need to repeat the test multiple times. This is to be expected.
- During your test, the MA will provide you with an inhaler, ask you to use it and then wait 15 minutes before resuming the test. This is a part of the test.
- At any point, let the MA know if you are uncomfortable or need a break.
- It is common to experience the symptoms below. If you begin to feel this way, let your MA know so they can help.
 - Lightheadedness
 - Fatigue
 - Dizziness
 - Chest tightness or pain
 - Cough
 - Rapid heartbeat



LEARN MORE
BREATHE BETTER
A PROGRAM OF THE NATIONAL INSTITUTES OF HEALTH

To see a video
of a spirometry
test, please use
the QR Code



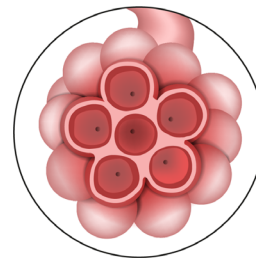
Medications for COPD

There are many medications available that can help improve your chronic obstructive pulmonary disease (COPD) symptoms. Let's learn more about the different types of COPD medications and how to use them properly.

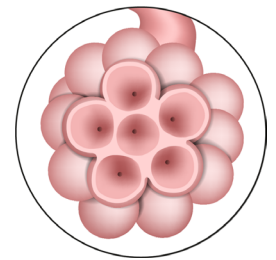
Medications for Daily Use

Long-acting medications are used every day to help prevent your COPD symptoms. These medications do not work quickly. Often, you need to take long-acting medications for several days or weeks before noticing a change in symptoms. These medications can include:

- **Inhaled Corticosteroids:** These are medications that help to reduce inflammation and swelling in your lungs. They decrease your risk of a flare-up, but you will not notice a change right away.
- **Long-Acting Bronchodilators:** These medications help open up your airways over a longer period of time. They do not work immediately and should not be used for quick relief of COPD symptoms. These medications are used once or twice daily, every day. **Do not stop your long-acting medications when you feel well.**



Inflamed Air Sac
in Airway



Healthy Air Sac
in Airway



Medications for Flare-Ups (Exacerbations)

A COPD flare-up (exacerbation) occurs when your symptoms become worse suddenly, and you become sick. It's important not to delay starting rescue medications when a flare-up occurs.

If you are having more shortness of breath and coughing than usual (COPD Action Plan **yellow zone**) or experiencing wheezing or chest tightness at rest (COPD Action Plan **red zone**), start taking the medications in your COPD Rescue Pack immediately.

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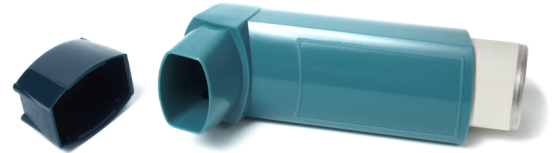


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Medications for COPD

Short-Acting Medications

Short-acting medications work quickly to help relieve your COPD symptoms. Common short-acting medications—the ones you use when you need quick relief—include short-acting bronchodilators like albuterol or levalbuterol. These are medications that relax the muscles around the lungs' breathing tubes. They help you to breathe easier and reduce your coughing.



Oral Corticosteroids

Oral corticosteroids are medications that reduce swelling in the breathing tubes of the lungs. This helps make breathing easier. Oral corticosteroids, like Prednisone, are pills or tablets that are taken by mouth. These are not the same type of steroids that some athletes take to give them bigger muscles. These medications are only used for a short time during a COPD flare-up.

Antibiotics

COPD flare-ups are often caused by infections in your lungs. Your primary care provider may give you antibiotics to treat the infection such as amoxicillin, azithromycin, doxycycline, or levofloxacin. These antibiotics only work on lung infections caused by bacteria, such as bronchitis and pneumonia. These infections can make your COPD much worse.



It is important to remember to keep all of your medications refilled and to follow your medication schedule as directed by your primary care provider. If you are having trouble affording your medication, talk to your doctor, APP, care manager, or pharmacist.

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COPD Flare-up (Exacerbation)

A chronic obstructive pulmonary disease (COPD) flare-up (exacerbation) occurs when your COPD symptoms suddenly become worse, and you become sick. These flare-ups are usually caused by an infection in your lungs, changes in weather, increased air pollution, or exposure to smoke. Being run down or feeling stressed or anxious may also cause a flare-up.

Warning Signs

The following signs and symptoms of a COPD flare-up may last 2 days or more and are stronger than your usual symptoms. They may also get worse and won't go away.

- Noisy breathing or wheezing sounds
- Coughing, sometimes with more mucus than usual or a change in the color of your mucus
- Increased shortness of breath and trouble catching your breath
- Not being able to take deep breaths
- Fever
- Unusual tiredness
- Difficulty sleeping
- New or increased swelling in the legs
- Morning headaches
- Gray or pale skin
- Blue or purple lips or nail tips

If you are having more shortness of breath and coughing than usual (COPD Action Plan **yellow zone**) or experiencing wheezing or chest tightness at rest (COPD Action Plan **red zone**), start taking the medications in your COPD Rescue Pack immediately.

What to Do

If you have entered the **yellow zone** or **red zone**, **immediately begin to follow your COPD Action Plan**. This includes taking all medications prescribed by your doctor or advanced practice provider (APP)* for flare-ups (quick-relief inhalers, COPD Rescue Pack including steroids or antibiotics, anti-anxiety medicines, or medicine through a nebulizer).

1. Start your COPD Rescue Pack if you have been prescribed one.
2. Call your doctor, APP, or care manager right away.
3. Continue use of existing prescribed medications.



It's important not to wait too long to start rescue medications. If you think you may be having a flare-up but are not sure, contact your doctor, APP, or care manager right away.

When to Call Your Doctor, Advanced Practice Provider or Care Manager

If you are having a flare-up (exacerbation), your symptoms do not get better or your symptoms keep getting worse, call your doctor, APP, or care manager immediately.

Call 911

If you need immediate help, please call 911.

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COPD Rescue Pack

Your doctor or advanced practice provider (APP)* may prescribe you a chronic obstructive pulmonary disease (COPD) Rescue Pack. The COPD Rescue Pack is only to be used when you are having a flare-up (exacerbation). If you are having more shortness of breath and coughing than usual (COPD Action Plan **yellow zone**) or experiencing wheezing or chest tightness at rest (COPD Action Plan **red zone**), start taking the medications in your COPD Rescue Pack immediately. You must continue to take the other medications prescribed by your doctor or APP to treat your COPD.

For more information on COPD flare-ups, including more warning signs, please check out the COPD Flare-Up (Exacerbation) handout in this folder.

Your 5-Day COPD Rescue Pack

Your 5-day COPD Rescue Pack will contain the steroid medication, Prednisone (20mg tablet), and one of the following antibiotics:

- Amoxicillin 875 mg-potassium clavulanate 125 mg tablet
- Azithromycin 250 mg tablet
- Doxycycline hyclate 100 mg tablet
- Levofloxacin 500 mg tablet

Please note:

- When starting your COPD Rescue Pack, remember to also take 1-2 puffs of your rescue inhaler every hour during the first 3 hours. Then take 1-2 puffs every four hours while awake.
- Some people with COPD use supplemental oxygen. Always continue oxygen use, except when eating.

Call Your Doctor or Advanced Practice Provider

Immediately call your doctor, APP, or care manager when you start your COPD rescue pack or if you have questions about if you should start taking it.

Call 911

If you need immediate help, please call 911.

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It's Never Too Late to Quit Smoking

Cigarette smoking is the leading cause of chronic obstructive pulmonary disease (COPD) in the United States. Quitting smoking, at any age, can have a positive impact on your COPD symptoms and can reduce your risk for many other diseases. We know it's not always easy to quit, but it is worth it. And so are you.

Take the First Step

It is often difficult to know where to begin on your journey to quit smoking. There isn't one right way to start, but a strong first step is to make the firm decision to quit and pick a definite date to stop.

Some people may need a few tries before they quit smoking for good. If you slip and have a cigarette, you are not a failure. You can try again and be successful. It's never too late to get benefits from quitting smoking.

Your Health Care Team is Here for You

Your doctor, advanced practice provider (APP)*, care manager, pharmacist, and other members of your health care team are not here to judge – they're here to provide support and help you in any way you need to achieve a smoke-free life.

It's important to talk with your primary care provider (PCP) about the different options available to help you quit smoking. They can help you decide if patches, gum, medication, or other treatment options are best for you. They will also help you make a plan to deal with the situations that trigger your urge to smoke and teach you ways to cope with cravings.



We recommend staying away from vaping and e-cigarettes. They often do more harm than good when you're trying to quit. Remember, not every tool works for everyone, so keep trying and working with your care team until you find what works for you.

Additional Resources to Help You Quit

- Join the COPD Foundation's online community, COPD360social (copd360social.org) and join the many active discussions on the topic of quitting smoking.
- You can find more information about the steps you can take to quit smoking by visiting smokefree.gov.
- Call the National Quitline, Quit Partner, at 800-QUIT-NOW (800-784-8669) to connect directly to your state's Quitline and get access to free local resources.

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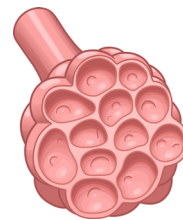
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Staying Healthy and Avoiding Pneumonia if You Have COPD

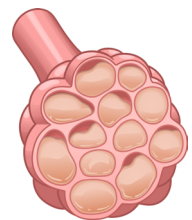
Smokers, adults over age 65, and people with chronic health conditions such as chronic obstructive pulmonary disease (COPD), bronchiectasis, and nontuberculous mycobacterial (NTM) lung disease are at greater risk for developing pneumonia.

What is Pneumonia?

Pneumonia is an infection of the air sacs (alveoli) in one or both of your lungs. It is important to recognize the early warning signs of pneumonia so it can be treated right away.



Healthy Alveoli



Infected Alveoli

What Causes Pneumonia?

Pneumonia is commonly caused by bacteria or viruses. These germs generally enter your body through your mouth or nose and then settle into the air sacs (alveoli) of your lungs. There they can grow and spread, causing the air sacs to fill with fluid. Your risk of developing some types of pneumonia can be decreased by receiving vaccines.

Vaccines that Decrease Pneumonia Risk

- Influenza (Flu)
- Pneumococcus
- Pertussis (whooping cough)
- Measles
- Haemophilus influenzae type b (Hib)
- COVID-19
- RSV

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Staying Healthy and Avoiding Pneumonia if You Have COPD

Symptoms

Some pneumonia symptoms are similar to other infections that cause COPD flare-ups (exacerbations). Symptoms can range from mild to serious but people with COPD are often at risk for developing more serious pneumonia or life-threatening complications.

Contact your primary care provider (PCP) or care manager if you experience one or more of the following symptoms:

- Fever or chills
- Changes in the color, thickness, or amount of mucus
- Shortness of breath or more rapid breathing
- Feeling your heart racing or pounding
- Nausea, vomiting, or diarrhea
- Chest pain when taking deep breaths
- New or worsening cough

How Can I Avoid Pneumonia?

- Get a flu shot every year and talk to your health care provider about a pneumonia shot.
- Wash your hands often or use alcohol-based hand sanitizer. Also, try to avoid touching your face. This prevents germs from entering your body.
- See your primary care provider three or more times per year, as recommended, even if you feel well.
- Consider wearing a mask and staying away from crowds, especially during cold and flu season.
- If you are a smoker, quit. Smoking makes it harder for your body to fight an infection.
- Complete the Village Medical COPD Action Plan with your primary care provider and follow it daily.

Preventing pneumonia is an important part of managing your COPD. Watch for early warning signs of an infection or flare-up. Follow your Village Medical COPD Action Plan and contact your primary care provider or care manager if you experience new or worsening symptoms.

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Pulmonary Rehabilitation

Pulmonary rehabilitation is an outpatient program that includes exercise, education, and emotional support for people with chronic obstructive pulmonary disease (COPD). Most programs last about six weeks. You will work with many different types of health care professionals throughout, such as respiratory therapists, nurses, physical therapists, and dietitians. Together, you will work to build up your stamina and strength, which can help you breathe better and stay more active and independent.



Pulmonary rehabilitation includes exercise that can help improve your breathing and help you feel better. You don't have to join a health club or do difficult exercises. Even simply increasing your daily activities can help improve your health. You and your pulmonary rehabilitation team will design a plan that's right for you.

In pulmonary rehabilitation, you will also learn about good nutrition and how to live well with your COPD. In addition, it is a great way to meet and talk with other people who have COPD and are going through something similar to you.

If you have recently been hospitalized due to your COPD or if otherwise deemed necessary, your doctor or advanced practice provider (APP)* may prescribe pulmonary rehabilitation for you to help with your recovery.

Talk with your doctor or APP if you are interested in pulmonary rehabilitation. These programs are covered by most insurances, but a prescription from a health care provider is required.

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