

# This is your personal self-management plan.

The aim of the plan is to help you have better control of your Chronic Obstructive Pulmonary Disease (COPD). It will enable you to monitor your symptoms and to know what to do if you have a flare up (exacerbation). An exacerbation is an acute and sustained worsening of your symptoms for which you may need changes to your regular treatment.

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|                                             |  |
|---------------------------------------------|--|
| <b>Name:</b>                                |  |
| <b>Date of birth:</b>                       |  |
| <b>NHS Number:</b>                          |  |
| <b>Diagnosis / diagnoses:</b>               |  |
| <b>GP Practice contact number:</b>          |  |
| <b>Respiratory/practice nurse details:</b>  |  |
| <b>My hospital consultant is:</b>           |  |
| <b>Date of my last annual review:</b>       |  |
| <b>Date of last annual flu vaccination:</b> |  |
| <b>Date of pneumococcal vaccine:</b>        |  |

Outside normal GP practice hours, please call NHS 111 or 999 for emergencies and urgent care.

# Usual COPD symptoms when well

## Breathlessness score

Please record the Medical Research Council (MRC) breathlessness score (see below) that describes your symptoms when you are well.



Date:  Score:

## The MRC breathlessness scale

| Grade | Degree of breathlessness related to activities                                                                      |
|-------|---------------------------------------------------------------------------------------------------------------------|
| 1     | Not troubled by breathlessness except on strenuous exercise.                                                        |
| 2     | Short of breath when hurrying on the level or walking up a slight hill.                                             |
| 3     | Walks slower than most people on the level, stops after a mile or so or stops after 15 minutes walking at own pace. |
| 4     | Stops for breath after walking about 100 yards or after a few minutes on level ground.                              |
| 5     | Too breathless to leave the house, or breathless when undressing.                                                   |

## Sputum production

The normal colour of your sputum is

How much sputum do you produce each day and is this produced easily?

## Cough

Do you normally have a cough?

## Swollen ankles

Do you normally have ankle swelling?

## Usual respiratory medications

| Inhaler or tablet name | Preparation | Dose and frequency |
|------------------------|-------------|--------------------|
|                        |             |                    |
|                        |             |                    |
|                        |             |                    |
|                        |             |                    |

Do you use a spacer? **Yes / No (delete as appropriate)**

## Pulmonary Rehabilitation

This is an individualised programme of exercise and education for people with COPD with MRC score 3 and above. It aims to improve exercise capacity and overall management of long-term breathing conditions.

Have you been referred to or attended pulmonary rehabilitation? **Yes / No (delete as appropriate)**

If yes, date booked:

Referred by:

Date when last attended:

If no and you have an MRC score of 3 and above, discuss this with your doctor, nurse, or physiotherapist.

## Oxygen Levels

- My usual oxygen levels when I am well are  on air or on my usual oxygen therapy.
- Oxygen Therapy (this treatment is only given following assessment for those with low oxygen levels, not for relief of breathlessness).
- My normal oxygen rate is  l/min for  hours per day or on activity.
- All patients on oxygen therapy should have a follow up from the oxygen service at least every year, either in clinic or by telephone. Changes to oxygen therapy should only be made by the oxygen service or hospital doctor following assessment.

## How do I keep well?

- Daily exercise.
- Eat a good balanced diet.
- Drink plenty of fluids (not alcohol).
- Do not smoke and avoid smoky environments.
- Plan ahead and have things to look forward to.
- Always have enough medications - never run out.
- Take all medication regularly as prescribed whether you think they help you at the time or not.
- Make sure you remain up to date with required annual vaccinations
- Attend regular appointments for your GP or practice nurse

## Your COPD may be getting worse if you experience at least two of these symptoms



### You:

- are more breathless than usual
- have an increase in the amount or change in the colour of your sputum
- have a new or increased cough
- have new or increased ankle swelling
- are more frequently using reliever medication
- are less able to do your normal activities or they are taking longer because of shortness of breath
- experience a loss of appetite

## What action to take if you have signs of a flare up:

- Increase reliever medication
- Contact your GP / Practice Nurse / Community Nurse
- Balance activity with plenty of rest

- Eat little and often
- Drink plenty of fluids (not alcohol)
- Stay calm and relaxed as getting anxious will make your breathing worse.

## Continue to monitor your symptoms closely.

- If your symptoms improve within two days, continue your usual medication.
- If they are no better or are getting worse, continue with the increased dose or reliever medication and see the 'What to do if you have an exacerbation' in the next section.

## Standby medication (rescue pack)

### What to do if you have an exacerbation

If you have standby flare up medication (steroids / antibiotics), take as advised.

**Steroids** (prednisolone) If you are much more breathless than normal, and your daily living activities are affected, continue with increased reliever medication, and start taking prednisolone.

Dose of prednisolone:  mg for  days

Your GP will guide you on the dose you will need to take.

**Antibiotics** If the colour of your sputum changes from your normal colour, start your antibiotics.

Name of medicine:

Dose:

Duration (days):

If you do not have antibiotics at home contact your GP / Nurse

**If you experience a flare up of COPD, and start taking your standby medication, always let your doctor or nurse know.**

## Emergency symptoms of COPD



- Extremely short of breath with no relief from your inhalers
- Chest pain
- High fever
- Agitation
- Drowsiness
- New or increased confusion
- You can't cope at home

**Contact your GP surgery immediately.**

**Outside normal GP practice hours, please call NHS 111 or 999 for emergencies and urgent care.**

**Remember:** take this plan to hospital with you.

If you have been given a Pink Card and this plan, please remember to show it to the paramedics.

Have you used your standby exacerbation medication? Remember to:

- Contact your GP or community nurse (**delete as appropriate**) if you do not start to feel better after two/three days of treatment
- Contact your GP or community nurse (**delete as appropriate**) if you take more than one course of standby steroids and antibiotics in one month.

## For further information contact:

- **Asthma + Lung UK** exists to provide information and support for everyone living with a lung disease and for the people who look after them.
  - Call: 0300 222 5800 (Monday to Friday, 9am to 5pm)
  - Email: [helpline@asthmaandlung.org.uk](mailto:helpline@asthmaandlung.org.uk)
  - See: [asthmaandlung.org.uk](http://asthmaandlung.org.uk)
- **Patient.info:** [patient.info/chest-lungs/chronic-obstructive-pulmonary-disease-leaflet](http://patient.info/chest-lungs/chronic-obstructive-pulmonary-disease-leaflet)
- **NHS Choices:** [www.nhs.uk/conditions/chronic-obstructive-pulmonary-disease-copd](http://www.nhs.uk/conditions/chronic-obstructive-pulmonary-disease-copd)

**If you have any concerns or questions about your COPD or respiratory treatment, please contact your GP or respiratory nurse or pharmacist**