

COPD Emergency Management Plan

SKYLANDS MEDICAL GROUP

Name: _____ Date: _____

MD: _____ Phone #: _____

GREEN ZONE

I'm doing well

- ◆ Breathing well without shortness of breath
- ◆ Able to do daily activities
- ◆ Usual amounts of cough and phlegm/mucus
- ◆ Sleeping well

ACTIONS:

Take your medications as prescribed
Use your oxygen as prescribed
Avoid cigarette smoke and inhaled irritants at all times!

YELLOW ZONE

I feel worse due to my COPD

- ◆ Shortness of breath
- ◆ Difficulty completing daily activities
- ◆ More coughing/wheezing
- ◆ Thicker and discolored mucus
- ◆ Using a quick-relief inhaler or nebulizer most often
- ◆ Trouble Sleeping

ACTIONS:

Call your provider to discuss what to do!

RED ZONE

I feel I am in danger

- ◆ Severe shortness of breath even at rest
- ◆ Not able to do any activity because of breathing
- ◆ Not able to sleep because of breathing
- ◆ Fever or shaking chills
- ◆ Feeling confused or very drowsy
- ◆ Chest pains
- ◆ Coughing up blood

ACTIONS:

CALL 911 now!

Know Your Medicines!

GETTING HELP QUICKLY, WHEN YOU NEED IT: *Keep all of your important medical information in one convenient place in case you need to find it quickly.*

MY MEDICATIONS

	Name of your Medication	When to Take Medication
“Rescue” Medication		
“Daily” Medication		
Other Medication		

IMPORTANT NAMES AND NUMBERS

Lung Doctor Name _____ Phone _____	Emergency 911
Primary Care Doctor Name _____ Phone _____	Heart Doctor Name _____ Phone _____
Emergency Contact Name _____ Phone _____	Pharmacy Name _____ Phone _____