

Self-Management Plan for COPD

This is **your** personal management plan. Bring it with you every time you see a Healthcare Professional (Nurse, Physiotherapist, Pharmacist or Doctor).

The aim of this 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 an exacerbation. An exacerbation is a rapid and sustained worsening of your symptoms that may warrant a change to your regular treatment.

This plan includes sections for recording medication, monitoring symptoms and treating exacerbations.

Name: _____

Date of birth: _____ CHI: _____

Diagnosis/diagnoses: _____

GP practice contact number (Mon to Fri, 8am to 6pm)

Outside these hours, phone NHS 24 on **111**

Community/nurse
respiratory service _____

Date for review

____/____/____



Usual COPD symptoms when WELL

Breathlessness score

Please record the mMRC breathlessness score* (see below) that describes your symptoms when you are well.

Date: _____ Score: _____

Grade	Degree of breathlessness related to activities
0	I only get breathless with strenuous exercise
1	I get short of breath when hurrying on level ground or walking up a slight hill
2	On level ground, I walk slower than people of my age because of breathlessness, or I have to stop for breath when walking at my own pace on the level
3	I stop for breath after walking about 100 yards or after a few minutes on level ground
4	I am too breathless to leave the house or I am breathless when dressing/undressing

Sputum production

The normal colour of your sputum is _____

How much sputum do you produce each day? _____

Cough

Do you normally have a cough? _____

Swollen ankles

Do you normally have ankle swelling? _____

Usual respiratory medications

Inhaler/tablet	Preparation	Dose and frequency
1		
2		
3		
4		

Oxygen saturation level

Normal oxygen saturation is 92% or above (note in some COPD patients your baseline oxygen saturation could be 88-92% Please check with your clinician). Your usual level is _____%

How do I keep well...

- Take daily exercise
- Eat a good balanced diet
- Drink plenty of liquids
- 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 at the time or not
- Recommended annual winter vaccines (COVID and/or flu)
- Check with your GP if you are eligible for a pneumococcal vaccination (helps prevent you from getting future pneumonias).



Your COPD may be **GETTING WORSE** if you have any of the following symptoms...

- More breathless than usual
- An increase in the amount or change in colour of your sputum
- A new or increased cough
- New or increased ankle swelling
- More frequent use of reliever medication
- Less able to do your normal activities or they are taking longer because of shortness of breath.

What action to take if your COPD symptoms are getting worse:

- Increase reliever medication (blue/blue trimmed inhaler)
- Balance activity with plenty of rest
- Eat little and often
- Drink plenty of fluids
- Use your breathing and chest clearance techniques.

Continue to monitor your symptoms closely:

If your symptoms improve within two days, continue your usual medication.

If your symptoms are no better after two days, or getting worse:

- Continue with the increased dose of reliever medication (blue/blue trimmed inhaler) or nebuliser if you have a home nebuliser
- Stop smoking (if you smoke currently)
- You should then follow the instructions on page 4, as you may be having a flare up of your COPD which is called an exacerbation
- An exacerbation might be triggered by an infection, a change in the weather, stress or there may be no apparent cause. If you get a cold, it is important to look out for changes in your chest symptoms.



What to do if you have an **EXACERBATION?**

You are having an exacerbation if you have **two** of the following three signs:

- 1) Are much more breathless than usual
- 2) Have an increase in the amount of sputum
- 3) Have a change in colour of sputum

Standby exacerbation medication (see also page 5)

Steroids (prednisolone)

If you have two or more signs then start taking **prednisolone**.

Dose of prednisolone - 30mg once a day for 5 days (unless advised otherwise by your Healthcare Professional).

Antibiotics

If one of these signs is a change in the colour of your sputum also start an antibiotic.

What to do if you have an exacerbation of your COPD:

- Contact your GP or your practice nurse
- Contact the community/nurse respiratory service
- Start taking your standby supply of steroids and/or antibiotics
- Other _____

Preparation: _____

Dose: _____

If you experience an exacerbation of COPD, and start prednisolone and/or antibiotics, ALWAYS advise your GP or practice nurse as soon as possible.



EMERGENCY symptoms of COPD

- Extremely short of breath with no relief from inhalers
- Chest pain
- High fever
- Feeling of agitation, drowsiness, panic or confusion.

Contact your GP surgery or the community respiratory team (if you are known to them) immediately or, outwith surgery hours, phone NHS 24 on 111. In case of extreme emergency, dial 999 for an ambulance.

Have you used your standby exacerbation medication?

Remember:

- Contact your GP, or Community/Nurse Respiratory Service (delete as appropriate) if you do not start to feel better after three days of treatment
- Contact your GP, or Community/Nurse Respiratory Service (delete as appropriate) if you take more than one course of "standby" steroids and antibiotics in one month.

My hospital consultant is:

An exacerbation diary

It is **important** to keep track of any exacerbations as this will help your Healthcare Professional (Nurse, Physiotherapist, Pharmacist or Doctor) to manage your COPD.

Remember:

- Tell your Healthcare Professional if you use your rescue medication so they can keep track of your flare-ups and you can get your medicines replaced
- Check from time to time that your rescue medication isn't out of date
- If you cough up blood at any time – during a flare-up or when you feel unwell you need to contact your GP/Community Respiratory team (if you are known to them) as soon as you can. If out of hours contact NHS 24 on 111
- If you have more than two flare-ups a year that require your rescue medication you need to arrange a routine review appointment with your Healthcare Professional.

Date	Treatment used	Hospital admission
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any other relevant information or advice

For further information contact:

NHS Lothian Respiratory MCN:

<https://services.nhslothian.scot/respiratory/>

NHS Inform: www.nhsinform.co.uk

Asthma & Lung UK: <https://www.asthmaandlung.org.uk>

Chest, Heart & Stroke Scotland: www.chss.org.uk

Quit Your Way Smoking Cessation: tinyurl.com/qywlothian

Dolby Vivisol (home oxygen supplies): **0800 833 531**

Carer organisations:

Edinburgh: www.edinburghcarers.co.uk

East Lothian: www.coel.org.uk

West Lothian: www.carers-westlothian.com

Midlothian: www.midlothiancarers.co.uk

Patient Websites:

Actify: <https://www.actify.org.uk/home>

My Lungs, My Life: www.mylungsmylife.org

**To re-order copies of this plan please
contact the NHS Lothian Resource Centre on
resource.centre@nhslothian.scot.nhs.uk**

*The mMRC breathlessness scale ranges from grade 0 to 4. It is very similar to the original version and is now widely used in studies. It should be noted that the MRC clearly states on its website that it is unable to give permission for use of any modified version of the scale (including therefore, the mMRC scale). Use of the MRC questionnaire is free but should be acknowledged.