

Chronic Obstructive Pulmonary Disease (COPD) Self – Management Plan

Bring this document with you every time you see anyone about your chest complaint

For health care professional to complete:				
Patient Name:				
NHS No:	Date of Birth: Date of issue:			
GP:	Plan completed by:			
Name of Respiratory Nurse / Doctor:				
Date of next COPD review:				

Date of pneumonia	vacc	ine:			Date of last f	lu vaccii	ne:	
Smoking cessation history e.g. still smoking / stopped / referred / declined (if relevant):								
Pulmonary rehabil	itatior	histo	r y e.g. discu	issec	I / referred / com	pleted / d	eclined:	
MRC score:		Date:			CAT score:		Date:	
FEV1 % predicted		Date:			On oxygen th	nerapy?	Yes.	/ No 🗌
Oxygen type		T: es / No 🗌		Ambulatory:		([Short burst:	
Informatio	on for	emerg	jency staff	: 0)	ygen target s	aturation	ns 88 – 92	2%
Other relevant info	:							

REGULAR medication used	to treat y	our COPD and <i>prevent</i> exacerbations (flare ups)
Name of inhaler	Colour	Instructions and reason for using
Other regular medication	Instruct	ions and reason for using

SOS medication to add or increase only when your symptoms are worse (for an exacerbation / flare up)

•	L /	
Name of medication	Type e.g. antibiotic	Instructions and reason for using

Please contact the nurse or doctor you usually see concerning your chest problem, as soon as is practicably possible but at least within 72 hours of starting any of the medication listed above.

GP Surgery telephone number: Out of Hours (OOH) telephone number: 111

Exacerbation (chest infection / flare up) record

Please complete below when you have an exacerbation and you start standby antibiotics and / or steroids (prednisolone) as per the instructions above.

	Antibiotic	Prednisolone		
Date	Please tick below if you take either or both of these		Date and which Nurse / Doctor did you inform within 72 hours of starting them?	

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r taking your SOS medicines. If you are in any doubt at action to take, please contact your GP /nurse or I service for advice. If you start your SOS medicines our usual nurse or doctor as soon as is practicably but at least within 72 hours
re time for things.
y of rest.
cation and controlled breathing techniques
I amounts more often and drink enough fluids
URGERY NUMBER IS:
Opm and weekends ring 111 ; please tell them you have nd a self-management plan, ask them to put you through to
or doctor if you do not think you need an ambulance
9 for an ambulance