My Action Plan for Lung Disease

| Name | Date |
|---|---|
| Please bring this plan and a list of your medicines to each health provider or emergency room visit. | |
| Things I will do each day | |
| Be active and walk each day. Get up and do things. Use oxygen as my doctor told me. Check my oxygen to make sure it is working. | Take my medicine the way my provider and I discussed, even when I feel good. Go to all of my health appointments. Eat healthy foods, low in sodium (salt), saturated and trans fats, and not add salt to my food. Stay away from smoky places and smells that make it hard to breathe. Do not smoke. |
| I feel normal for me | |
| My breathing is normal for me. My mucus has not changed. My mucus is easy to cough up and it is normal color for me. | I do my normal things.My eating and sleeping are normal for me.My thoughts are clear. |
| CAUTION – I need to take action | |
| I FEEL WORSE | ACTION |
| I am breathing worse today. I am wheezing, or coughing. I am using my quick relief, fast-acting, or rescue inhaler or nebulizer more often. I have trouble breathing when lying down. I feel like I have a chest cold. My mucus has changed in color or amount. My mucus is hard to cough up. I feel more tired and have less energy. I have trouble eating or sleeping. I have a fever (over 100°F) or chills. I have gained or lost weight without trying. | Check my oxygen to make sure it is working. Use my quick relief, fast-acting, or rescue inhaler or nebulizer the way my health provider and I discussed. Check to make sure I took all of my medicines. Start other medicine as planned |
| | 5. Use breathing exercises, like pursed-lip breathing, to help me breathe. 6. Do things that help me rest and relax. 7. If I do not feel better immediately, I will call my health provider: |
| | Name: |
| | Phone: |

DANGER - I will take action immediately

I FEEL MUCH WORSE

- I feel like I cannot breathe and my medicine is not helping.
- I have chest pain.
- I feel like I am going to faint.
- My lips or fingers are blue.
- I feel very sleepy or I cannot think clearly.
- I have a lot of trouble walking and talking due to my breathing.

ACTION - I will CALL 911

I will get help right away.

I **WILL NOT** drive myself or have a friend or family member drive me to the hospital.

