



YOUR COPD

SELF-MANAGEMENT

PLAN

About you

This plan belongs to:

First name: Surname:

Telephone: Mobile:

NHS number:

Allergies:

Dates of last vaccinations (flu, pneumonia, coronavirus):
.....

In case of emergency, please contact:

First name: Surname:

Relationship to you:

Telephone: Mobile:

Email:

My doctor is:

Name of clinic/hospital:

Tel:

Other contacts

You can put the contact details of other people you may need to contact on this page.

For example:

- a specialist nurse, GP, pharmacist or physiotherapist
- an out-of-hours clinic or emergency contact
- a friend, neighbour or family member you can call on for help
- a transport provider or taxi firm you use to get to your appointments

Contact	Name	Telephone

About this self-management plan

This plan is for people living with chronic obstructive pulmonary disease (COPD). It's designed to help you learn about COPD, manage and monitor your symptoms, and take control of your condition.

The first half of this self-management plan explains what COPD is, how you can manage it well, and what to do if you have a flare-up of your symptoms.

The second half of this plan has blank forms for you to complete to help you monitor your condition and progress.

Use this plan in the way that works best for you – daily, weekly, monthly. It doesn't need to be completed overnight!

Self-management works best when supported by others. So share this plan with your GP, respiratory nurse or other health care professionals involved in your care. It may also help to discuss this with your family, carers, and friends, so they can support you too.



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Understanding and managing your COPD

Why is self-management important?

When you have a long-term condition, you might sometimes feel you don't have control over your health, your life and what happens to you.

Self-managing your condition – with support from others – helps to give you control. It helps to know all about your condition, your symptoms, your medication and how to cope with flare-ups. It also makes your day-to-day life easier and could reduce the risk of needing to go into hospital.

Your COPD care

You should be able to tick all of the statements on the opposite page. If you can't, you may be missing out on care which could significantly improve your health and quality of life. In this case, ask for a review with your practice nurse or GP.

Tip: If you need to, bring this list to your next appointment. It will remind you what to ask your health care professional.

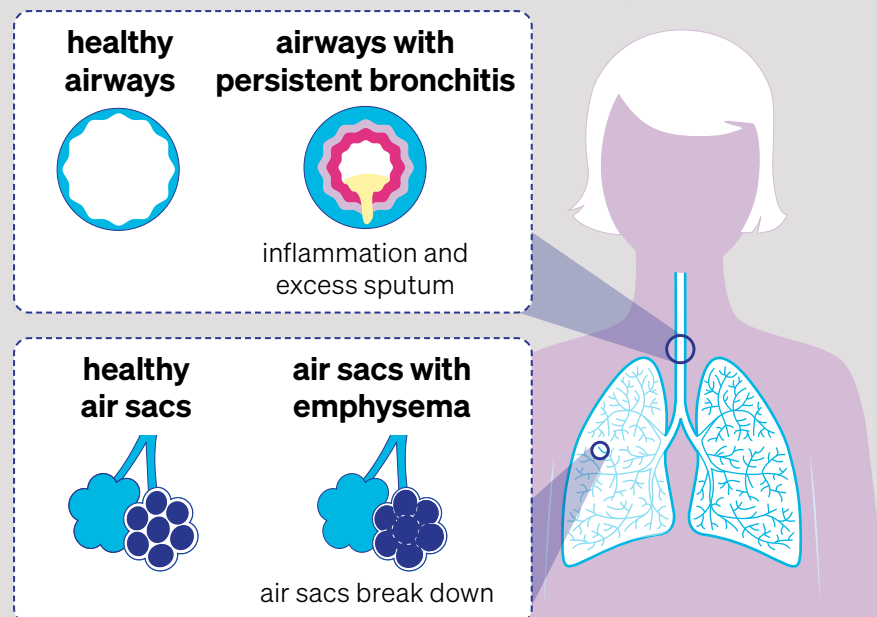
1. My diagnosis of COPD was confirmed with a breathing test called spirometry.	
2. I know what COPD is. I know where to find information, advice and emotional support (if I need it).	
3. I get support to manage my care. I have agreed a written plan with my doctor or nurse about how I will manage my COPD.	
4. I contact my GP or pharmacist for my flu jab every year. I've had my coronavirus vaccines and the one-off pneumonia jab.	
5. If I smoke, I'm offered help to stop every time I meet my doctor or nurse about my COPD.	
6. I know the importance of keeping active and eating well. I have had a chance to go to pulmonary rehabilitation (PR).	
7. I know what all my medicines and inhalers are for and when to take them. I will ask my doctor or pharmacist if I'm not sure.	
8. My doctor or nurse looks at how I use my inhaler at least once a year. I ask my pharmacist if I have questions.	
9. I have a flare-up plan, including a rescue pack of medicines if I need them. I know what to do and who to contact if my symptoms get worse suddenly.	
10. I see my nurse or doctor at least once a year to review my health, my care and my treatment, and have time to discuss all the steps in this checklist.	

What is COPD?

COPD stands for chronic obstructive pulmonary disease. It describes a group of lung conditions that make it difficult to empty air out of the lungs because the airways have become narrowed.

- Chronic** = **it's a long term condition**
- Obstructive** = **your airways are narrowed**
- Pulmonary** = **it affects your lungs**
- Disease** = **it's a medical condition**

Two of these lung conditions are long-term (or chronic) bronchitis and emphysema, which can often occur together.



What are the symptoms of COPD?

People can experience COPD differently. Symptoms may include:

- getting short of breath easily when you do everyday things such as going for a walk or doing housework
- having a cough that lasts a long time
- producing more sputum or phlegm than usual
- wheezing in cold weather.

You might have symptoms all the time. Or they might appear or get worse when you have an infection. They can also be triggered by:

- smoking or being in a smoky environment
- weather conditions, such as very hot or cold temperatures
- air pollution, such as exhaust fumes and dust
- aerosols, such as hair spray, deodorants and air freshener
- strong smells, such as bleach and perfumes
- anxiety.

If you know what makes your symptoms worse, try to avoid the trigger. Keeping a record of your symptoms, like the one on page 24, can help you recognise what's normal and what's not. Share it with your doctor to help them understand how you're affected by your condition. It's vital you know when you need advice from your health care professional, and when you need to go to hospital.

Medication for COPD

Inhalers

Your doctor may give you medicines in inhalers:

- to open your airways. These are called ‘bronchodilators’
- to reduce inflammation in your airways. These are called ‘steroids’

If you only get short of breath when you’re active, your doctor or nurse will give you a short-acting bronchodilator. This will help your breathing quickly and the effects last for four to six hours.

If you’re breathless every day, you may benefit from being prescribed **long-acting bronchodilator medications**. These should be taken regularly – once or twice a day depending on which brand you’re using.

Some people need to use **inhaled steroids** as part of their treatment. This is to reduce inflammation in the airways and reduce the risk of flare-ups. They are also useful for people whose condition is an overlap of asthma and COPD.

It’s a good idea to talk to your health care professional about which inhaler is right for you. There are different factors to consider, including how well the medication works for you and any environmental concerns. Read more about medication for COPD at [blf.org.uk/copd/treatment](https://www.blf.org.uk/copd/treatment)

You will only get the best benefit from your medicines if you use your inhaler correctly. You can find videos to help you check and improve your inhaler technique at [asthma.org.uk/advice/inhaler-videos](https://www.asthma.org.uk/advice/inhaler-videos)

Spacers and nebulisers

To help get medication into your airways, you may be given a device called a spacer to use with your inhaler. A few people with COPD may also take medication through a nebuliser. If you use either, use as instructed and clean it regularly following the manufacturer’s instructions. Read more at [blf.org.uk/nebulisers](https://www.blf.org.uk/nebulisers)

Mucolytics

If you cough up a lot of sputum, you may be given a drug called a mucolytic as a tablet or syrup. This may make your sputum thinner and easier to cough up.

Oxygen

Oxygen therapy is a treatment for persistent low blood oxygen levels, not breathlessness. Read more at [blf.org.uk/oxygen](https://www.blf.org.uk/oxygen)

Rescue medication

As part of your flare-up action plan, your health care professional may prescribe you a rescue pack of drugs you keep at home. Read more about this on page 16.

Get vaccinated

Make sure you get your free flu jab every year. You should also be vaccinated against pneumonia. Most people only need to have this vaccine once. Vaccination is available for the COVID-19 virus. Speak to your pharmacist, doctor or nurse for more information.

Top tips for managing your medication

Make sure you know the names of all your medications, dosage and how to take them. Talk to your doctor about side effects, and don’t stop taking medications unless you’re told to. And remember to get repeat prescriptions in good time.

Looking after yourself

Stopping smoking

If you smoke, stopping is the best thing you can do to manage your COPD. It's hard to change your habits, whether it's what you eat, how much you exercise or smoking. So make sure you have a plan and get support. Go to [blf.org.uk/smoking](https://www.blf.org.uk/smoking) for more information.

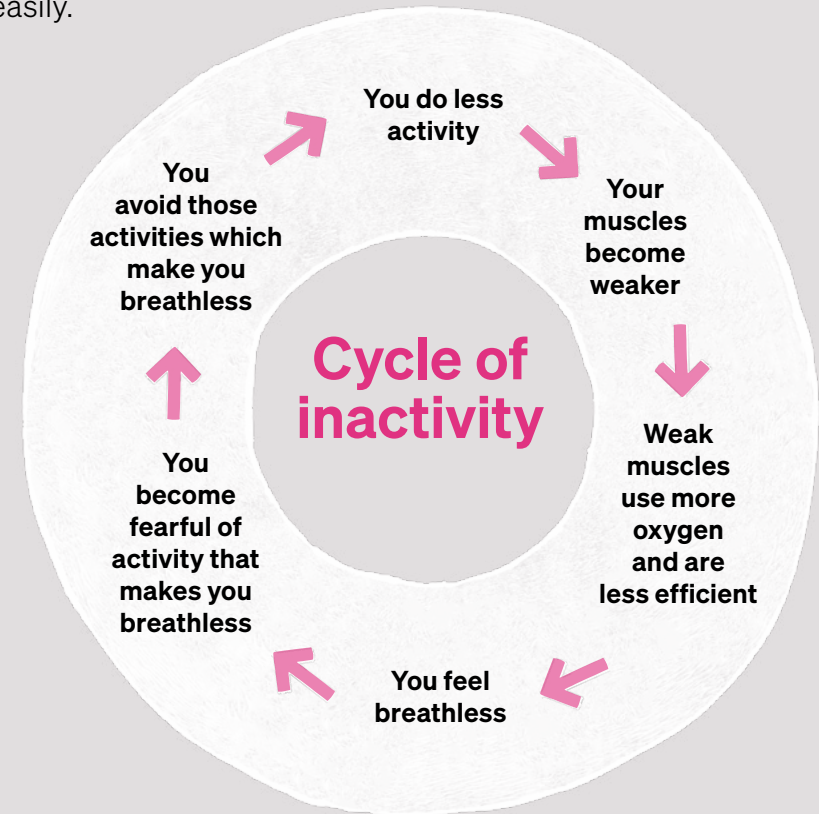
Top tips on giving up smoking

- **Ask your GP or pharmacist for support.** You're up to three times more likely to quit if you use a combination of stop smoking medication and specialist help.
- **Think when you're likely to be tempted** and come up with ways to overcome the urge.
- **Keep your hands and mouth busy** – when you're out, try putting your drink in the hand that usually holds a cigarette and drink from a straw.
- **A craving can last five minutes** – so think of five-minute strategies. If you find a certain time of day or place hard, try a new routine.
- **Make a list of your reasons for quitting** - read it when you need motivation.
- **Reward yourself** when you're doing well, but don't beat yourself up if you're struggling. If the method you're using isn't working for you, try something else. Don't quit quitting!

People often try to stop a number of times before finding what works for them. It's OK to slip up. Don't worry. You haven't failed. It's a small setback and it's always worth continuing.

Keep active

If you have COPD, being active can help you to improve your breathing, fitness and quality of life. Don't avoid activities that make you breathless: you'll get less fit and out of breath more easily.



We've developed an exercise handbook, online exercise videos and an activity diary to help you keep active at home. Find out more at [blf.org.uk/keep-active](https://www.blf.org.uk/keep-active)

Pulmonary rehabilitation

Pulmonary rehabilitation (PR) teaches you how to exercise at the right level for you. PR is a course led by physiotherapists, involving other respiratory health care professionals too. To find out more, including information on how to be referred, visit [blf.org.uk/pr](https://www.blf.org.uk/pr)

Eating well

When you're living with COPD, you can help to control your symptoms by maintaining a healthy weight. Your doctor or nurse can help you work out what is a healthy weight for you, give advice and refer you to a dietitian for specialist support if you need it. Read more at [blf.org.uk/eating-well](https://www.blf.org.uk/eating-well)

Sex and COPD

Living with a condition that leaves you short of breath can get in the way of sex and relationships, but it doesn't need to. You can read more about managing breathlessness during sex at [blf.org.uk/sex](https://www.blf.org.uk/sex)

How are you feeling?

When you have a long-term condition, it can be difficult to deal with your emotions. You might feel down, isolated, confused, guilty, angry, or that life is unfair. Living with COPD can make you feel anxious, which in turn can make you feel more breathless and frightened. You might find it helpful to keep a record of your mood, like the one on page 26. Read more at [blf.org.uk/mental-health](https://www.blf.org.uk/mental-health)

Top tips to boost your mood

- Being active might be the last thing you feel like doing. But it can lift your mood and help combat depression and anxiety.
- Eating a healthy diet and limiting your intake of alcohol can help you to feel better.
- Talking to your health care professional can really help. Find out if counselling is available in your area. You can also chat to our friendly helpline team, by calling **0300 222 5800**.
- Join our web community to chat to other people with lung conditions online, 24 hours a day. Visit [healthunlocked.com/asthmalunguk-lung](https://www.healthunlocked.com/asthmalunguk-lung)

Managing breathlessness

Breathlessness is a common symptom of COPD. Getting out of breath can be frightening, and although living with breathlessness can be difficult, many people find ways to cope with it and still enjoy life.

Breathing techniques can help you reduce your feelings of breathlessness. They can also help if you get out of breath suddenly. Your health care professional can help you find what works best for you.

If you feel breathless, get into a position that helps you to get control of your breathing. You can try one of the positions below:



You can also learn ways to help control your breathing. One way is slow deep breathing:

- Relax your shoulders, arms and hands.
- Breathe in through your nose. Breathe out through your mouth.
- Try to relax and feel calm each time you breathe out.

Read more about breathlessness, including information on living well with breathlessness, at [blf.org.uk/breathlessness](https://www.blf.org.uk/breathlessness)

Managing flare-ups

It's normal for COPD symptoms to vary a bit from day to day. But if you notice your symptoms remain worse for two days or more, this is a flare-up – also called an exacerbation.

Signs of a flare-up

- you feel more breathless than usual
- you cough more
- you produce more sputum
- your sputum changes colour or becomes stickier.

A flare-up might be triggered by something, like an infection or the weather, or there may be no apparent cause.

Rescue pack medication

As part of your flare-up action plan, your health care professional may prescribe you a rescue pack of drugs (steroid tablets and antibiotics) you keep at home. Make sure you know when you should:

- start to take steroid tablets. These help you to get better more quickly, but it's important not to use these too frequently because of potential long-term side effects. If you need to take them more than twice a year, you should have a review with your GP.
- start to take antibiotics. This will usually be if you notice that as well as being more breathless, you're producing more sputum than usual, or it has changed colour.

Read more about managing flare-ups at blf.org.uk/copd/flare-ups

Do I feel worse than usual?			
If I get:	If I get:	If I get:	If I get:
more out of breath	more out breath despite taking my reliever medicines	more phlegm, change in colour: dark yellow, green	more chesty coughing
I will:	I will:	I will:	I will:
use my reliever inhaler more	start my rescue pack - steroids	start my rescue pack - steroids and antibiotics	keep calm and use ways to control my breathing

I will remember:

- to tell my doctor or nurse if I use my rescue pack, so they can keep track of my flare-ups and I can get my medicines replaced.
- to check from time to time my rescue pack medication isn't out of date.
- if I cough up blood at any time – during a flare-up or when I feel well – I'll contact my GP as soon as I can.
- if I have more than two flare-ups a year that require my rescue drugs, I'll get a review with my GP or nurse.
- that if I feel really bad, I must call 999.

Monitoring your COPD

Your flare-up action plan

My symptoms	My plan
My symptoms are normal for me.	I will continue to take my usual medication as prescribed.
I am more out of breath than usual, but I have no fever or chest pain. My phlegm is normal.	I will use my reliever medication (include name, colour and number of puffs):
I am much more breathless despite taking my usual reliever medicines.	I will use my usual medicines and the steroids in my rescue pack. Steroid: I will tell my doctor or nurse within two days of starting my rescue pack. I will ask for a review.
I am much more breathless, and I am coughing up more sputum, or my sputum has changed colour	I will use my usual medicines and the steroids and antibiotics in my rescue pack. Steroid: Antibiotic: I will tell my doctor or nurse within two days of starting my rescue pack. I will ask for a review.

My symptoms	My plan
My breathing is much worse than normal, despite my medicines. I have chest discomfort or high fever. People around me are noticing I seem confused.	I will call my doctor or nurse as soon as I get this bad. A carer or family member will ring if I cannot.
I'm struggling to breathe or have sudden shortness of breath and: <ul style="list-style-type: none"> • my chest feels tight or heavy • I have a pain that has spreads to my arms, back, neck and jaw • I feel or am being sick. 	I will call 999. A carer or family member will ring if I cannot.

You should have a flare-up action plan you've agreed with your health care professional, so you know what to do if your symptoms flare up.

Agree a plan, like this one, with your doctor or nurse so you know what to do if you have a flare-up. You can download more copies at blf.org.uk/self-help

Flare-up tracker

Use this page to record the details of a flare-up. It will help you assess how effective your flare-up action plan is and whether you need to make any changes. Download more pages at

blf.org.uk/self-help

Date flare-up began	Date rescue pack started	Date I saw my GP or nurse	How long did the flare-up last?

Extra notes (did I need to go to hospital?)

Your medication

Use this space to list all your medicines. You can download more pages at [blf.org.uk/self-help](https://www.blf.org.uk/self-help)

I take these medicines (Remember to include oxygen if needed)			
Name and why I take it	How often and how much I take	Date	Date ended

Any additional information (for example: colour or brand of inhaler, how it's stored)

Symptoms diary

You can download more copies of these pages at blf.org.uk/self-help

Date symptom started	What's the symptom? (breathlessness, wheeze, cough)	What time of day does it generally happen?	If it's happening regularly, how often does it happen?
20/01/22	Wheezing	Morning	Once a day

What helped me manage it?	Was this symptom brought on by anything? (activity, rest, weather, stress)	Has there been any change in this symptom? (Same, better or worse than normal)
Using my inhaler	After lying down	Same as normal

Record of your mood

You might find it useful to keep a record of how you feel to talk about with your health care professional. Download more copies at blf.org.uk/self-help

How I feel today

Not great < 0 1 2 3 4 5 6 7 8 9 10 > Really good

Today I'm worried about

.....
Date:

My concerns are:	Practical	Emotional
The future	Spiritual or religious	Lifestyle
Financial	Family or relationships	Other

My plan of action is to...

How I feel today

Not great < 0 1 2 3 4 5 6 7 8 9 10 > Really good

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Date:

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Date:

My concerns are:	Practical	Emotional
The future	Spiritual or religious	Lifestyle
Financial	Family or relationships	Other

My plan of action is to...

Setting yourself goals

How will managing your COPD well make your life better? Set yourself a future goal and short-term goals to help you achieve it. They'll give you something positive to work towards and you'll see your progress. Set goals that are achievable and important for you.

What's your goal?

Think what you'd like to achieve in the next few weeks or months and how you'd like to feel. For example:

- "I will join my local walking group so that by the end of next month I'll be able to walk to the shops instead of getting the bus"
- "I will contact my local stop smoking service and set a quit date for three months' time"
- "I will learn more about my medications so I understand what I'm taking and what for"

Share this with your family and friends, so that they can support you to achieve it.

I will...

You might find it useful to keep an activity diary to help you set and review your goals. Find out more at blf.org.uk/12-week-diary

What short-term goals will help me achieve my goal?

Now think about short-term goals to help you reach your future goal.

For example:

- "I will go for a walk around the block for ten minutes this Saturday"
- "I will ring my GP surgery on Monday and ask my GP to refer me to my local stop smoking service"
- "I will write down my medications and discuss what they are for with my pharmacist when I pick up my prescription next week"

Try to make these goals as specific as you can. Think about **when** you'll do it, **what** you'll do and for **how long**, and **who you will do it with** if relevant.

This may help:

My short-term goal:

I will...

.....

When will I do this?

.....

Where will I do this?

.....

Who will I do this with?

.....

Review your progress

At the end of each week, review your progress. It might help to ask yourself:

- What went well this week? – however small you might think it is
- What was difficult this week?
- What could I do differently next week?
- What progress did I make towards my future goal?

Celebrate your progress

When you set yourself goals, think about how you will reward yourself when you achieve them. Then think about how you can go one step further and set yourself another goal for the following week.

If you don't achieve your goal, that's OK. Don't be disappointed with yourself, but take some time to think about why you didn't achieve it. Think about making changes to your goal to make it more achievable.

Get help

Call our helpline on **0300 222 5800**

We are here to help if you want:

- answers to your questions – whether it's about coping with symptoms, your rights or finding equipment
- clear and trustworthy information about breathing problems and living with a lung condition
- to get in touch with your local support group
- Our friendly team are here Monday to Friday 9am to 5pm. Ringing will cost the same as a local call.

Or visit **AsthmaAndLung.org.uk** to find support and information or to join our web community

- get support and information **blf.org.uk/support-for-you**
- download our free information **blf.org.uk/publications**
- sign up to our newsletter **blf.org.uk/signup**
- find your local support group **blf.org.uk/breathe-easy**
- join our web community **healthunlocked.com/asthmalunguk-lung**

Help others like you

You can help us to fund more research to find cures and new treatments, and make sure everyone has the support they need. We're the only UK charity looking after the nation's lungs, and we rely on your donations. Visit **AsthmaAndLung.org.uk** or call **0300 222 5800**.

**Together we fight
for lung health**



Helpline: **0300 222 5800**

[AsthmaAndLung.org.uk](https://www.AsthmaAndLung.org.uk)

Asthma + Lung UK 2022

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