



# Your COPD self-management plan

Sample

Thank you to the people with lung conditions and leading health care professionals who helped to develop this plan.

Sample

This resource has been developed  
in partnership with:



This resource has been endorsed by:



# About this plan

This plan is for people living with chronic obstructive pulmonary disease (COPD), their family and carers. It will help you to manage your condition, with guidance and support from your health care professionals when you need it.

It's designed to support you to find ways that suit you to manage your symptoms, to help you to feel better and to take control.

Use this plan however works best for you – daily, weekly or monthly.

You can use it to:

- understand your COPD and treatments available for you
- keep track of your symptoms and care
- come up with questions to ask your health care professional
- learn what to do if your symptoms flare up
- set your goals and track your progress

**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. Together, you can tailor this plan to your individual needs. You may also want to share it with your friends and family, so that they can support you.**

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It's a good idea to share this part of the plan  
with your health care professional

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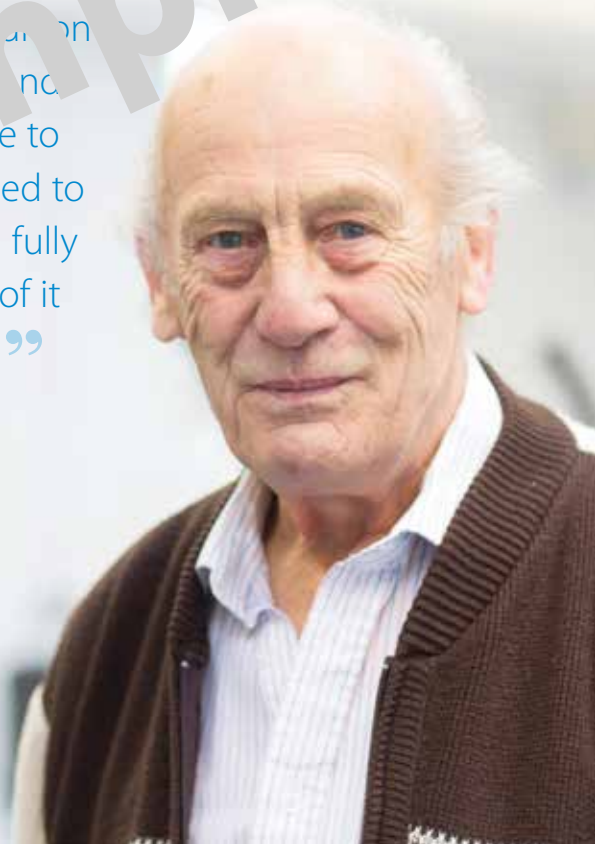
## Why is self-management important for me?

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 – gives 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.

“If you have a lung condition you can't sit around and wait for other people to look after you, you need to take care of yourself. I fully believe you get out of it what you put in”

**Peter**



# Your COPD care

Discuss this checklist with your doctor or nurse to make sure you get the care you should receive.

If you can't tick all these statements, 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.

	Tick	In this plan
<b>1.</b> My diagnosis of COPD was confirmed with a breathing test called spirometry.		Page 12
<b>2.</b> I understand my COPD and my health care professional has explained where to find information, advice and emotional support.		This plan
<b>3.</b> I get support to manage my care and I have agreed a written plan with my doctor or nurse about how I will manage my COPD.		This plan
<b>4.</b> Each year, I contact my GP, nurse or pharmacist to get a free flu vaccination – available from October. I have also had the one-off pneumonia jab.		Page 19
<b>5.</b> If I smoke, I am offered support and treatment to stop every time I meet my doctor or nurse about my COPD.		Page 35

	Tick	In this plan
<p><b>6.</b> I know the importance of keeping active and eating well.</p> <p>I have discussed pulmonary rehabilitation, and received advice about ongoing exercise and nutrition.</p>		<p>Page 41</p> <p>Page 56</p>
<p><b>7.</b> I know what all my medicines and inhalers are for and when to take them. I ask my doctor, nurse or pharmacist if I'm not sure.</p>		Page 16
<p><b>8.</b> My doctor or nurse reviews how I use my inhalers at least once a year. I ask my pharmacist if I have questions.</p>		Page 17
<p><b>9.</b> I can spot the signs of a flare-up (exacerbation) and know who to contact at any time.</p>		<p>Pull out plan</p> <p>page 24</p>
<p><b>10.</b> 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.</p>		This page

If you've got questions about this list, talk to your health care professional or call our helpline team on **03000 030 555**.



**Make the most of your GP and other health care professionals**

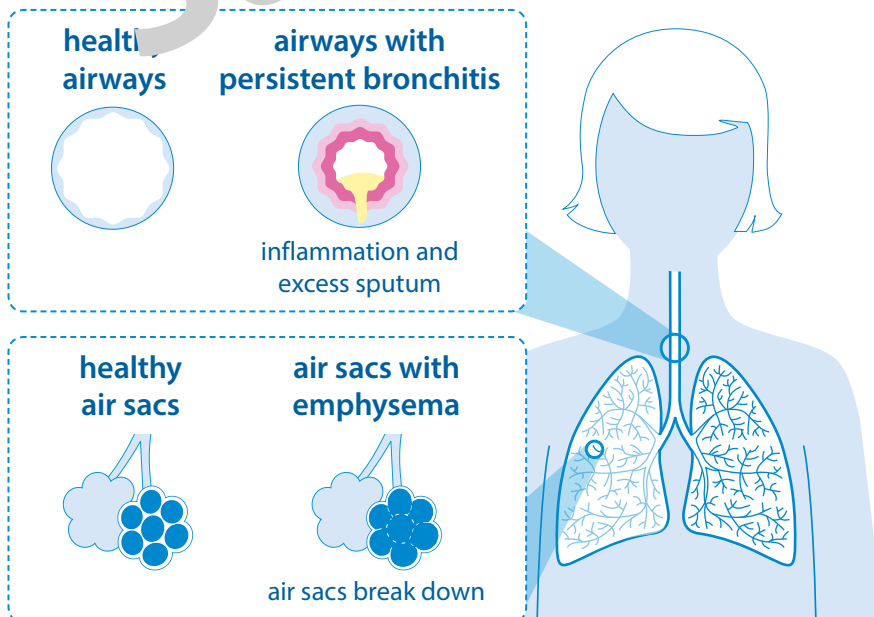
Bring this list to your next appointment. It will remind you what to ask your health care professional.

# What is COPD?

Chronic obstructive pulmonary disease, or COPD, describes a group of lung conditions that make it difficult to empty air out of the lungs because your airways have been narrowed. The main lung conditions in COPD are emphysema and chronic bronchitis, which often occur together. 'Chronic' means it goes on for a long time.

- Bronchitis means the **airways** are inflamed and damaged. People with bronchitis often produce sputum, or phlegm.
- Emphysema affects the **air sacs** at the end of the airways in your lungs. It makes the air sacs break down so the lungs become baggy and full of holes which trap air.

These processes make your airways narrow and prone to collapse. This makes it harder to move air in and out as you breathe, and air gets trapped in your lungs. This makes you feel out of breath. A COPD diagnosis is often made with a breathing test called spirometry.








# Flare-ups: your pull-out action plan

## Part 1

 Discuss and agree your action plan with your health care professional

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

GP: \_\_\_\_\_

GP phone number: \_\_\_\_\_

Other doctor/nurse: \_\_\_\_\_

Next of kin: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Telephone: \_\_\_\_\_

My symptoms	I will...
My symptoms are normal for me	<b>I will</b> continue to take my usual medication as prescribed.
I am more breathless than normal but I have no fever, and there is no change in the colour and volume of my sputum.	<b>I will</b> use my reliever medication. This is: _____ _____
I am much more breathless despite taking my reliever medication.	<b>I will</b> continue to use my medication as prescribed and also use my rescue pack. <b>Steroid:</b> _____ <b>I will</b> tell my GP or health care professional within two days of starting this treatment and arrange a review.
I am more breathless than normal and coughing more. My sputum or my sputum has changed colour.	<b>I will</b> continue to use my medication as prescribed and also use my rescue pack. <b>Steroid:</b> _____ <b>Antibiotic:</b> _____
I am much more breathless despite taking my reliever medication.	<b>I will</b> tell my GP or health care professional within two days of starting this treatment, and arrange a review.
My breathing is much worse than normal despite treatment.  I have chest pain or high fever.	<b>I will</b> call my GP the same day, as soon as my symptoms become this bad. If I can't call myself, I will ask someone to call for me.  <b>If I can't wait to see my doctor, I will call 999 straight away. If I'm too breathless, I'll ask someone to call for me.</b>

## Do I feel worse than usual?

Symptoms may include:



Getting more out of breath



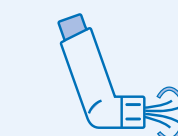
Getting more out of breath despite taking my reliever medication



Increased sputum. Change in colour: dark yellow, green



Increased chesty cough



Continue or increase my inhaler or nebuliser treatment



Start my rescue pack (steroids)



Start my rescue pack drugs (steroids and antibiotics)



Keep calm and do my breathing exercises

## I must remember...

Contact my nurse or doctor or the community respiratory team



**If symptoms are severe, call 999**



## Remember

If you use your rescue pack drugs, tell your doctor or nurse as soon as you can so that you can replace them.

When you're out and about you can:

- put your hands in your pockets
- stick your thumbs through your belt loops
- rest your arm on your handbag
- lean against something
- use a walking stick or trolley to lean on



For a breather, sit leaning forward with your elbows resting on your knees



You can rest your head and arms on a pillow on a table when you're really short of breath

## Getting out of breath when you're active

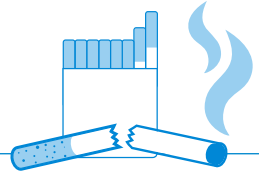
It's normal to get out of breath when you're active. Try using the techniques on pages 28 and 29 to control your breathing.

Making yourself breathless isn't harmful. But stop if you feel dizzy or get pains in your chest, and let your doctor or nurse know this happens. It's also important that you don't hold your breath when you're physically active - unless you're swimming!

One way to help manage your breathing when you're active is to blow as you go. This means breathing in before you make the effort. Then breathe out while you make the effort. For example, when you are standing up from a chair, breathe in while you are sitting, and breathe out as you get up to stand. Try using pursed lips as you breathe out too.

Try this when you stand up off a chair, reach for something high up or bend over to tie your shoes.

# My action plan to stop smoking



**I want to quit because...**

.....

.....

**My smoking triggers are:**

**Habitual triggers (for example, I smoke when I drink alcohol)**

.....

**Emotional triggers: (for example I smoke when I'm feeling stressed)**

.....

**Social triggers: (for example I want to smoke when I see someone else smoking)**

.....

**I can overcome these triggers and my cravings by:**

.....

.....

.....

**The things that remind me of smoking in my home, car and place of work are:**

.....

.....

**Get rid of these reminders for good – throw them away!**

# Keeping active

## Why is being active important for me?

We're often told that being active is good for us. But if you live with COPD, you might wonder if it's right for you. The fear of getting out of breath may put you off doing any activity that makes you more breathless.

In fact, being active can actually help to improve your breathing and quality of life. Many people find it's less of a loss on the inhaled drugs. If you increase your fitness and strengthen your muscles, you'll get less out of breath on even busy activities like going shopping, doing housework or climbing the stairs. You may even re-discover activities you thought you could no longer do.

You might be nervous about becoming active, especially if you haven't been active for a while. But even a little physical activity is better than none at all. And you may feel more in control because you're doing something positive for yourself.

“ Before I was diagnosed I didn't exercise as much, but once I realised the benefits that physical activity can have on my condition, my outlook completely changed. Through activity I have learnt to live with my condition ”

**Hazel**

## Chris talks about coping with his depression



“

My COPD has affected me and my loved ones permanently. I've had to ditch some dreams and make major changes: for example, I can't go to see my friends and relatives in the US anymore.

At times, I've felt depressed, sad and resentful. But you can find help and there are things you can do for yourself.

Despite set-backs and severe flare-ups, I've found ways through. I'm lucky to have much love and support from my family, particularly my wife, who's my carer, my daughter and my sister. Talking to them

earns trouble, times or gives me a fresh perspective.

I keep myself busy, even though it takes a lot of planning. I'm never sure I'll get to half the things I arrange. But you have to keep on doing this.

I set myself goals – a course of cognitive behavioural therapy (CBT) has helped me.

I call the BLF Helpline and go to my local Breathe Easy group: they're open to all of us – people with COPD and carers.

”

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

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

Here are some examples that could help to work towards a future goal:

“I will go for a walk around the block for ten minutes with my neighbour on Saturday at 11am”

“I will go to my appointment 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 and 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?