

Patient information

Chronic Obstructive Pulmonary Disease (COPD) Action Plan

What is the COPD Action Plan?

This action plan should be used to help manage the symptoms of your COPD at home.

It works on a traffic light system, with green being a good 'normal' day, through to red being a very bad day.

Each colour coded stage has a list describing how you may feel. If the list in the left hand box describes your symptoms, use the right hand box of the same colour to decide on what action to take.

Stages of the Action Plan

1. The green stage is designed to help you to **become aware** of how you are at your best. This is to help you recognise worsening symptoms at an early stage so you can take appropriate action to prevent further deterioration.
2. The amber stage gives examples of initial worsening symptoms and actions which may help you to manage these symptoms in your own home e.g. breathing control and relaxation techniques.
3. The pink stage shows severe symptoms i.e. your breathing continues to worsen or is not relieved by medications. At this stage you should contact your GP for an urgent appointment.
4. The red stage shows danger signs and at this stage it is important to seek medical attention quickly, i.e. dial 999 or contact an emergency doctor.

Please Note:

If at any stage of the action plan you are in doubt about the course of action to take, please contact your GP for advice or in severe cases of breathlessness call 999.

This leaflet is based on information from Watson et al (1997) and Graham et al (2006).

How much activity can you do on a 'good' day?

We would like you to think about the types of activities you are able to do when you are at your usual 'best'. This will enable you to recognise when your symptoms worsen at an early stage.

This will help you to use the Action Plan to take appropriate action and prevent further deterioration.

Use the area below to record the activities you are able to do when you are at your usual 'best'.

When I am at my usual 'best' I am able to . . .

(e.g. Walk 100m before becoming breathless, or, vacuum the downstairs of my house before becoming breathless, or, sleep for an average of seven hours a night, or, cough up clear phlegm easily etc)

1.

2.

3.

4.

5.

6.

Relaxation and breathing control

Breathlessness and anxiety are two common symptoms of COPD. Anxiety can lead to overbreathing, or breathing quickly and shallowly. Using breathing control and relaxation techniques can help to manage these symptoms and lessen the distress which they cause.

There is no right or wrong technique to relaxation. This leaflet aims to provide you with ideas to try. It is important to find a technique that works for you.

Below are some examples of relaxation methods:

- Find a **quiet place** to relax with **no interruptions or distractions**. You may choose to have music playing or just to sit in silence.
- Ensure you are in a **comfortable position**. You may find that sitting on a chair with your arms supported on your knees or on a table helps. Others find lying on their side helpful.
- **Become aware of your breathing**. Try using the breathing control method below.
- In addition you may choose to try progressive muscle relaxation. This involves tensing and then relaxing separate muscle groups throughout the body one after the other (see the Laura Mitchell Method).
- You may find imagining a pleasant scene or experience helpful. Relaxation imagery tapes are available from bookshops and libraries.
- Practicing these techniques when you are not especially breathless may help you to use them when you are having difficulties. Try choosing a few times during the day to practice. The aim is to get your body used to using these techniques so that they can be applied whenever you find them helpful.

Breathing Control/ Relaxed Breathing

This is normal, gentle breathing using your lower chest.

- Rest one hand on your abdomen so that you can feel it rise and fall with your breathing.
- Breathe in gently feeling your hand rise and your lower chest expand.
- Breathe out gently allowing your shoulders to relax down. The breath out should be slow like a “sigh”.

Progressive Muscle Relaxation (Laura Mitchell Method):

- **Shoulders**
Think about the point of your shoulders and pull gently down towards your waist, hold the new position for a count of four and then stop pulling. Feel the release of tension across the top of your shoulders and neck. You may repeat this as often as you need to feel the relaxation response.
- **Elbows**
Take your arms slightly away from your side and open out the elbows; hold the new position for a count of four and then place your arms back in a comfortable resting position. Register the position of your arms on the support and feel the relaxation in your arms.

- **Hands**

Stretch and open out your fingers and thumbs, keeping your wrists resting on their support, hold the position for a count of four, stop and let the hands rest. Register that your hands are motionless.

- **Hips**

Turn your hips outwards, hold for a count of four, stop and feel the legs turned outwards.

- **Knees**

Move gently until comfortable. Stop. Feel the resulting comfort in the position of your knees.

- **Feet**

Point your toes away from your face, stop, register your feet are dangling at the ankles.

- **Press your body into the support**

Stop. Feel the pressure of your body resting on the support.

- **Press your head into the support**

Stop. Feel the weight of your head (about 12lbs) supported on the head rest you have made for it.

- **Face**

Raise your eyebrows up towards your hairline, hold for a count of four. Stop; feel how smooth and calm your forehead feels.

Stretch your mouth into a wide grin; hold; stop. Now feel how soft your lips have become.

If you have a tendency to grind your teeth, try this. Very gently open your mouth as if starting to yawn – be careful not to overstretch. Then stop and let your tongue rest gently against the roof of your mouth and notice the space between your teeth.

Important information

Please remember that this leaflet is intended as general information only. It is not definitive. We aim to make the information as up to date and accurate as possible, but please be warned that it is always subject to change. Please, therefore, always check specific advice or any concerns you may have with your physiotherapist.

Hand Hygiene

In the interests of our patients the trust is committed to maintaining a clean, safe environment. Hand hygiene is a very important factor in controlling infection. Alcohol gel is widely available throughout our hospitals at the patient bedside for staff to use and also at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require this leaflet in any other format such as larger print, audio tape, Braille or an alternative language, please ask at one of our PALS offices.

If you require interpreting services during your hospital visit please ask a member of staff who will be able to organise this for you via the appropriate department.

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or physiotherapist.

Reference

The following clinicians have been consulted and agreed this patient information:

Dr Danielle Vidler – Consultant and Clinical lead Emergency Department CQ

Mr Utham Shanker – Consultant and Clinical lead Emergency Department EDGH

The directorate group that has agreed this patient information leaflet:

URGENT CARE

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Be aware of the following, when you are at your usual 'best':

- How much you can do each day.
- How your breathing is at rest and during activity.
- What makes your breathing worse.
- What your appetite is like and how well you sleep.
- How much phlegm you cough up, and its usual colour.

Action:

- Have something to look forward to each day.
☐ Plan ahead - allow enough time to do things.
- Take some exercise each day - pace yourself.
- Eat a balanced diet and drink adequate fluids.
- Never let your medicines run out.
- Take your medication as prescribed.

Worsening symptoms

- More breathless or wheezy **than usual**.
- Change in the amount or colour of phlegm.
- Reduced energy for your daily activities
- Loss of appetite.
- Increasing tiredness or poor sleep.
- Needing to use a little more of your reliever inhalers.

Action:

- Reschedule your day.
- Allow more time and pace yourself.
- Get plenty of rest / practice relaxation techniques.
- Practice breathing exercises as taught by the physiotherapist.

Severe Symptoms

- ☐ As above but getting no better - for example:
☐ Already had a course of antibiotics and phlegm still green.
- ☐ Much less relief from your medications.
- ☐ Increased ankle swelling - that does not settle when legs raised.

Action

- ☐ Contact your GP for an **urgent appointment**

Danger signs

- ☐ Sudden onset of severe breathlessness.
- ☐ Severe breathlessness at rest.
- ☐ Chest pain.
- ☐ Drowsiness or confusion.
- ☐ Severe morning headache (those with long term oxygen).
- ☐ Coughing up blood.
- ☐ No relief from your usual medications.
- ☐ Unable to talk in complete sentences.

Action

- ☐ Contact an **emergency doctor** or dial 999