My COPD Action Plan

Patient's Copy

_____ (Patient's Name)

Date _____

Canadian Respiratory Guidelines

COPD
Treatable. Preventable.

This is to tell me how I will take care of myself when I have a COPD flare-up.

My goals are _____

_____

My support contacts are _____ (Name & Phone Number) and _____ (Name & Phone Number)

My Symptoms	I Feel Well	I Feel Worse	I Feel Much Worse URGENT
I have sputum.	My usual sputum colour is: _____	Changes in my sputum, for **at least** 2 days. *Yes* ☐ *No* ☐	My symptoms are not better after taking my flare-up medicine for 48 hours.
I feel short of breath.	When I do this: _____ _____	OR More short of breath than usual for **at least** 2 days. *Yes* ☐ *No* ☐	I am very short of breath, nervous, confused and/or drowsy, and/or I have chest pain.

My Actions	Stay Well	Take Action	Call For Help
	I use my daily puffers as directed.	If I checked 'Yes' to one or both of the above, I use my **prescriptions** for COPD flare-ups.	I will call my support contact and/or see my doctor and/or go to the nearest emergency department.
	If I am on oxygen, I use _____L/min.	I use my daily puffers as usual. If I am **more** short of breath than usual, I will take ____ puffs of _____ up to a **maximum** of ____ times per day.	**I will dial 911.**
		I use my breathing and relaxation methods as taught to me. I pace myself to save energy.	**Important information:** I will tell my doctor, respiratory educator, or case manager **within 2 days** if I had to use any of my flare-up prescriptions. I will also make follow-up appointments to review my COPD Action Plan twice a year.
		If I am on oxygen, I will increase it from ___ L/min to ___ L/min.	

Notes:

CANADIAN THORACIC SOCIETY

BREATHE
the lung association

Produced in collaboration with the *COPD & Asthma Network of Alberta (CANA)*. *The Canadian Thoracic Society (CTS)* acknowledges the past contributions of *Living well with COPD* and the *Family Physician Airways Group of Canada*.

Canadian Respiratory Guidelines

COPD ACTION PLAN (Patient's copy)

Why do I need this COPD Action Plan?

- Your Action Plan is a written contract between you and your health care team. It will tell you how to manage your COPD flare-ups. Use it along with any other information you get from your health care team about managing your COPD every day.
- Your Action Plan will help you and your caregivers to quickly recognize and act to treat your flare-ups. This will keep your lungs and you as healthy as possible.

How will I know that I am having a COPD "flare-up"?

- You will often see a change in your amount or colour of sputum and/or you may find that you are more short of breath than usual. Other symptoms can include coughing and wheezing more.
- Your flare-up Action Plan is to be used only for COPD flare-ups. Remember that there are other reasons you may get short of breath, such as when you have pneumonia, are anxious, or have heart problems.
- Before or during a flare-up you may notice changes in your mood, such as feeling down or anxious. Some people have low energy or feel tired before and during a COPD flare-up.

What triggers a "COPD flare-up"?

- A COPD flare-up can sometimes happen after you get a cold or flu, or when you are stressed and run down.
- Being exposed to air pollution and changes in the weather can also cause COPD flare-ups. To learn about the daily air quality in your area, visit Environment Canada's Air Quality Health Index (AQHI) website at www.ec.gc.ca/cas-aqhi/ and click on 'Your Local AQHI Conditions'. Ask your health care team about ways to avoid all possible triggers.

When should I use this COPD Action Plan?

- Your COPD Action Plan is used only for COPD flare-ups.
- Remember that there are other reasons you may get short of breath, such as when you have pneumonia, are anxious, or have heart problems. If you become more short of breath but don't have symptoms of COPD flare-up, see a doctor as soon as possible.

REMEMBER:

- Learn about your COPD from a respiratory educator, credible websites, such as www.lung.ca, and education programs.
- Take your regular daily medicine as prescribed.
- Don't wait more than 48 hours after the start of a COPD flare-up to take your antibiotic and/or prednisone medicines. See your pharmacist quickly to get your prescriptions for COPD flare-up.
- When you start an antibiotic, make sure that you finish the entire treatment.
- Quitting smoking and making sure that your vaccinations are up-to-date (for flu every year and for pneumonia at least once) will help prevent flare-ups.
- Be as active as possible. Inactivity leads to weakness, which may cause more flare-ups or flare-ups that are worse than usual. Ask your doctor about pulmonary rehabilitation and strategies to help reduce your shortness of breath and improve your quality of life.
- Follow up with your doctor within 2 days after using any of your prescriptions for a COPD flare-up.

MY NOTES AND QUESTIONS:

My COPD Action Plan

Physician's Copy

_____ (Patient's Name) Date _____

Canadian Respiratory Guidelines

COPD
Treatable. Preventable.

This is to tell me how I will take care of myself when I have a COPD flare-up.

My goals are _____

_____

My support contacts are _____ (Name & Phone Number) and _____ (Name & Phone Number)

My Symptoms	I Feel Well	I Feel Worse	I Feel Much Worse URGENT
I have sputum.	My usual sputum colour is: _____	Changes in my sputum, for **at least** 2 days. *Yes* ☐ *No* ☐	My symptoms are not better after taking my flare-up medicine for 48 hours.
I feel short of breath.	When I do this: _____ _____	OR More short of breath than usual for **at least** 2 days. *Yes* ☐ *No* ☐	I am very short of breath, nervous, confused and/or drowsy, and/or I have chest pain.

My Actions	Stay Well	Take Action	Call For Help
	I use my daily puffers as directed.	If I checked 'Yes' to one or both of the above, I use my **prescriptions** for COPD flare-ups.	I will call my support contact and/or see my doctor and/or go to the nearest emergency department.
	If I am on oxygen, I use _____L/min.	I use my daily puffers as usual. If I am **more** short of breath than usual, I will take ____ puffs of _____ up to a **maximum** of ____ times per day.	**I will dial 911.**
		I use my breathing and relaxation methods as taught to me. I pace myself to save energy.	**Important information:** I will tell my doctor, respiratory educator, or case manager **within 2 days** if I had to use any of my flare-up prescriptions. I will also make follow-up appointments to review my COPD Action Plan twice a year.
		If I am on oxygen, I will increase it from ___ L/min to ___ L/min.	

Notes:

CANADIAN THORACIC SOCIETY

BREATHE
the lung association

Produced in collaboration with the *COPD & Asthma Network of Alberta (CANA)*. *The Canadian Thoracic Society (CTS)* acknowledges the past contributions of *Living well with COPD* and the *Family Physician Airways Group of Canada*.

Canadian Respiratory Guidelines

COPD ACTION PLAN (Physician's copy)

Pharmacological Treatment

1. Short-acting (beta$_2$-agonists and anticholinergic) bronchodilators to treat wheeze and dyspnea. Continue all of your long acting bronchodilators or inhaled steroids as prescribed.
2. Prednisone (oral) → 30-50 mg once daily for 5-10 days for patients with moderate to severe COPD.
3. Antibiotic choice is prescribed based upon the presence of risk factors as below.
4. Severe AECOPD complicated by acute respiratory failure is a medical emergency. Consider consultation with an emergency specialist or respirologist.

Antibiotic Treatment Recommendations for Acute COPD Exacerbations[1, 2]

Group	Probable Pathogens	First Choice	Alternatives for Treatment Failure
I, Simple Smokers FEV1 > 50% ≤ 3 exacerbations per year	H. influenzae M. catarrhalis S. pneumoniae	Amoxicillin, 2nd or 3rd generation cephalosporin, doxycycline, extended spectrum macrolide, trimethoprimsulfamethoxazole (in alphabetical order).	Fluoroquinolone β-lact/ β-lactamase inhibitor.
II, Complicated, as per I, plus at least one of the following should be present: FEV1<50% predicted; ≥4 exacerbations/ year; ischemic heart disease; use home oxygen or chronic oral steroids; antibiotic use in the past 3 months.	As in group I, plus: Klebsiella spp. and other Gram-negative bacteria Increased probability of β-lactam resistance.	Fluoroquinolone β-lact/ β-lactamase inhibitor (in order of preference).	May require parenteral therapy. Consider referral to a specialist or hospital.
III, Chronic Suppurative II, plus: Constant purulent sputum; some have bronchiectasis; FEV1 usually <35% predicted; chronic oral steroid use; multiple risk factors.	As in group II, plus: P. Aeruginosa and multi-resistant Enterobacteriaceae.	Ambulatory - tailor treatment to airway pathogen; P. Aeruginosa is common (ciprofloxacin) Hospitalized - parenteral therapy usually required.	

General Recommendations for the Physician

- Patients need to be instructed to call or visit their treating physician if symptoms persist or worsen after 48 hrs in spite of patient-initiated treatment. Please instruct patients to notify their doctor, respiratory educator, or case manager within 2 days of filling any of their prescriptions for a COPD flare-up.
- Prescriptions for antibiotics and prednisone can be refilled twice each, as needed, for 1 year. Pharmacists may fax the doctor's office after any portion of the prescriptions for COPD flare-up has been filled.
- To reduce the risk of antibiotic resistance, if more than one treatment is required over 3 months, the class of antibiotics should be changed on subsequent courses of therapy.
- Review with your patient measures to prevent future COPD exacerbations including smoking cessation, annual influenza vaccination, pneumococcal vaccination and appropriate use of inhaled daily medications.
- Consider referral to a local respiratory educator and pulmonary rehabilitation program if available.

1 O'Donnell DE, Hernandez P, Kaplan A, Aaron S., et al. CTS recommendations for management of COPD – 2008 update – highlights for primary care. Can Resp J 2008; 15(Suppl A):1A-8A.

2 Balter MS, La Forge J, Low DE, Mandell L., et al. Canadian guidelines for the management of acute exacerbation of chronic bronchitis. Can Respir J 2003; 10(Suppl B):3B-32B.

With acknowledgment to:

My COPD Action Plan

Educator's Copy

_____ Date _____
(Patient's Name)

Canadian Respiratory Guidelines

COPD
Treatable. Preventable.

This is to tell me how I will take care of myself when I have a COPD flare-up.

My goals are _____

_____

My support contacts are _____ and _____
(Name & Phone Number) (Name & Phone Number)

My Symptoms	I Feel Well	I Feel Worse	I Feel Much Worse URGENT
I have sputum.	My usual sputum colour is: _____	Changes in my sputum, for **at least** 2 days. *Yes* ☐ *No* ☐	My symptoms are not better after taking my flare-up medicine for 48 hours.
I feel short of breath.	When I do this: _____ _____	OR More short of breath than usual for **at least** 2 days. *Yes* ☐ *No* ☐	I am very short of breath, nervous, confused and/or drowsy, and/or I have chest pain.

My Actions	Stay Well	Take Action	Call For Help
	I use my daily puffers as directed.	If I checked 'Yes' to one or both of the above, I use my **prescriptions** for COPD flare-ups.	I will call my support contact and/or see my doctor and/or go to the nearest emergency department.
	If I am on oxygen, I use _____L/min.	I use my daily puffers as usual. If I am **more** short of breath than usual, I will take ____ puffs of _____ up to a **maximum** of ____ times per day.	**I will dial 911.**
		I use my breathing and relaxation methods as taught to me. I pace myself to save energy.	**Important information:** I will tell my doctor, respiratory educator, or case manager **within 2 days** if I had to use any of my flare-up prescriptions. I will also make follow-up appointments to review my COPD Action Plan twice a year.
		If I am on oxygen, I will increase it from ___ L/min to ___ L/min.	

Notes:

CANADIAN THORACIC SOCIETY

BREATHE
the lung association

Produced in collaboration with the *COPD & Asthma Network of Alberta (CANA)*. *The Canadian Thoracic Society (CTS)* acknowledges the past contributions of *Living well with COPD* and the *Family Physician Airways Group of Canada*.

COPD ACTION PLAN (Educator's copy)

Pharmacological Treatment

1. Short-acting (beta$_2$-agonists and anticholinergic) bronchodilators to treat wheeze and dyspnea. Continue all of your long acting bronchodilators or inhaled steroids as prescribed.
2. Prednisone (oral) → 30-50 mg once daily for 5-10 days for patients with moderate to severe COPD.
3. Antibiotic choice is prescribed based upon the presence of risk factors as below.
4. Severe AECOPD complicated by acute respiratory failure is a medical emergency. Consider consultation with an emergency specialist or respirologist.

Antibiotic Treatment Recommendations for Acute COPD Exacerbations[1, 2]

Group	Probable Pathogens	First Choice	Alternatives for Treatment Failure
I, Simple Smokers FEV1 > 50% ≤ 3 exacerbations per year	H. influenzae M. catarrhalis S. pneumoniae	Amoxicillin, 2nd or 3rd generation cephalosporin, doxycycline, extended spectrum macrolide, trimethoprimsulfamethoxazole (in alphabetical order).	Fluoroquinolone β-lact/ β-lactamase inhibitor
II, Complicated, as per I, plus at least one of the following should be present: FEV1<50% predicted; ≥4 exacerbations/ year; ischemic heart disease; use home oxygen or chronic oral steroids; antibiotic use in the past 3 months.	As in group I, plus: Klebsiella spp. and other Gram-negative bacteria Increased probability of β-lactam resistance.	Fluoroquinolone β-lact/ β-lactamase inhibitor (in order of preference).	May require parenteral therapy. Consider referral to a specialist or hospital.
III, Chronic Suppurative II, plus: Constant purulent sputum; some have bronchiectasis; FEV1 usually <35% predicted; chronic oral steroid use; multiple risk factors.	As in group II, plus: P. Aeruginosa and multi-resistant Enterobacteriaceae.	Ambulatory - tailor treatment to airway pathogen; P. Aeruginosa is common (ciprofloxacin) Hospitalized - parenteral therapy usually required.	

General Recommendations for the Educator

- Patients need to be instructed to call or visit their treating physician if symptoms persist or worsen after 48 hrs in spite of patient-initiated treatment. Please instruct patients to notify their doctor, respiratory educator, or case manager within 2 days of filling any of their prescriptions for a COPD flare-up.
- Prescriptions for antibiotics and prednisone can be refilled twice each, as needed, for 1 year.
- To reduce the risk of antibiotic resistance, if more than one treatment is required over 3 months, the class of antibiotics should be changed on subsequent courses of therapy.
- Review with your patient some general measures to prevent future COPD exacerbations including smoking cessation, annual influenza vaccination, pneumococcal vaccination and appropriate use of inhaled daily medications.

1 O'Donnell DE, Hernandez P, Kaplan A, Aaron S., et al. CTS recommendations for management of COPD – 2008 update – highlights for primary care. Can Resp J 2008; 15(Suppl A):1A-8A.
2 Balter MS, La Forge J, Low DE, Mandell L., et al. Canadian guidelines for the management of acute exacerbation of chronic bronchitis. Can Respir J 2003; 10(Suppl B):3B-32B.

With acknowledgment to:

My COPD Action Plan _____ Date _____
Patient's Copy
(Patient's Name)

Canadian Respiratory Guidelines

COPD
Treatable. Preventable.

This is to tell me how I will take care of myself when I have a COPD flare-up.

My goals are _____

My support contacts are _____ and _____
(Name & Phone Number) (Name & Phone Number)

Prescriptions for COPD flare-up (Patient to take to pharmacist as needed for symptoms)

These prescriptions may be refilled two times each, as needed, for 1 year, to treat COPD flare-ups. Pharmacists may fax the doctor's office once any part of this prescription has been filled.

_____ _____
Patient's Name Patient Identifier (e.g. DOB, PHN)

1. (A) If **the colour** of your sputum **CHANGES**, start antibiotic _____ Dose:_____ #pills:_____
How often_____ for #days:____

(B) If the first antibiotic was taken for a flare-up in the **last 3 months**, use this different antibiotic instead:
Start antibiotic _____ Dose:_____ #pills:_____
How often_____ for #days:____

AND / OR

2. If you are **MORE short of breath** than usual, start prednisone _____ Dose:_____ #pills:_____
How often:_____ for #days:____

Once I start any of these medicines, **I will tell** my doctor, respiratory educator, or case manager within **2 days**.

_____ _____ _____
Doctor's Name Doctor's Fax Doctor's Signature

_____ _____
License Date

CANADIAN THORACIC SOCIETY

BREATHE
the lung association

Produced in collaboration with the *COPD & Asthma Network of Alberta (CANA)*. *The Canadian Thoracic Society (CTS)* acknowledges the past contributions of *Living well with COPD* and the *Family Physician Airways Group of Canada*.

Canadian Respiratory Guidelines

COPD ACTION PLAN (Patient's copy)

Why do I need this COPD Action Plan?

- Your Action Plan is a written contract between you and your health care team. It will tell you how to manage your COPD flare-ups. Use it along with any other information you get from your health care team about managing your COPD every day.
- Your Action Plan will help you and your caregivers to quickly recognize and act to treat your flare-ups. This will keep your lungs and you as healthy as possible.

How will I know that I am having a COPD "flare-up"?

- You will often see a change in your amount or colour of sputum and/or you may find that you are more short of breath than usual. Other symptoms can include coughing and wheezing more.
- Your flare-up Action Plan is to be used only for COPD flare-ups. Remember that there are other reasons you may get short of breath, such as when you have pneumonia, are anxious, or have heart problems.
- Before or during a flare-up you may notice changes in your mood, such as feeling down or anxious. Some people have low energy or feel tired before and during a COPD flare-up.

What triggers a "COPD flare-up"?

- A COPD flare-up can sometimes happen after you get a cold or flu, or when you are stressed and run down.
- Being exposed to air pollution and changes in the weather can also cause COPD flare-ups. To learn about the daily air quality in your area, visit Environment Canada's Air Quality Health Index (AQHI) website at www.ec.gc.ca/cas-aqhi/ and click on 'Your Local AQHI Conditions'. Ask your health care team about ways to avoid all possible triggers.

When should I use this COPD Action Plan?

- Your COPD Action Plan is used only for COPD flare-ups.
- Remember that there are other reasons you may get short of breath, such as when you have pneumonia, are anxious, or have heart problems. If you become more short of breath but don't have symptoms of COPD flare-up, see a doctor as soon as possible.

REMEMBER:

- Learn about your COPD from a respiratory educator, credible websites, such as www.lung.ca, and education programs.
- Take your regular daily medicine as prescribed.
- Don't wait more than 48 hours after the start of a COPD flare-up to take your antibiotic and/or prednisone medicines. See your pharmacist quickly to get your prescriptions for COPD flare-up.
- When you start an antibiotic, make sure that you finish the entire treatment.
- Quitting smoking and making sure that your vaccinations are up-to-date (for flu every year and for pneumonia at least once) will help prevent flare-ups.
- Be as active as possible. Inactivity leads to weakness, which may cause more flare-ups or flare-ups that are worse than usual. Ask your doctor about pulmonary rehabilitation and strategies to help reduce your shortness of breath and improve your quality of life.
- Follow up with your doctor within 2 days after using any of your prescriptions for a COPD flare-up.

MY NOTES AND QUESTIONS:

My COPD Action Plan _____ Date _____
(Patient's Name)

Physician's Copy

Canadian Respiratory Guidelines

COPD
Treatable. Preventable.

This is to tell me how I will take care of myself when I have a COPD flare-up.

My goals are _____

My support contacts are _____ and _____
(Name & Phone Number) (Name & Phone Number)

Prescriptions for COPD flare-up (Patient to fill as needed for symptoms)

These prescriptions may be refilled two times each, as needed, for 1 year, to treat COPD flare-ups. Pharmacists may fax the doctor's office once any part of this prescription has been filled.

_____ _____
Patient's Name Patient Identifier (e.g. DOB, PHN)

1. (A) If **the colour** of your sputum **CHANGES**, start antibiotic _____ Dose:_____ #pills:_____
How often_____ for #days:____

(B) If the first antibiotic was taken for a flare-up in the **last 3 months**, use this different antibiotic instead:
Start antibiotic _____ Dose:_____ #pills:_____
How often_____ for #days:____

AND / OR

2. If you are **MORE short of breath** than usual, start prednisone _____ Dose:_____ #pills:_____
How often:_____ for #days:____

Once I start any of these medicines, **I will tell** my doctor, respiratory educator, or case manager within **2 days**.

_____ _____ _____
Doctor's Name Doctor's Fax Doctor's Signature

_____ _____
License Date

CANADIAN THORACIC SOCIETY

BREATHE
the lung association

Produced in collaboration with the *COPD & Asthma Network of Alberta (CANA)*. *The Canadian Thoracic Society (CTS)* acknowledges the past contributions of *Living well with COPD* and the *Family Physician Airways Group of Canada*.

COPD ACTION PLAN (Physician's copy)

Pharmacological Treatment

1. Short-acting (beta$_2$-agonists and anticholinergic) bronchodilators to treat wheeze and dyspnea. Continue all of your long acting bronchodilators or inhaled steroids as prescribed.
2. Prednisone (oral) → 30-50 mg once daily for 5-10 days for patients with moderate to severe COPD.
3. Antibiotic choice is prescribed based upon the presence of risk factors as below.
4. Severe AECOPD complicated by acute respiratory failure is a medical emergency. Consider consultation with an emergency specialist or respirologist.

Antibiotic Treatment Recommendations for Acute COPD Exacerbations[1, 2]

Group	Probable Pathogens	First Choice	Alternatives for Treatment Failure
I, Simple Smokers FEV1 > 50% ≤ 3 exacerbations per year	H. influenzae M. catarrhalis S. pneumoniae	Amoxicillin, 2nd or 3rd generation cephalosporin, doxycycline, extended spectrum macrolide, trimethoprimsulfamethoxazole (in alphabetical order).	Fluoroquinolone β-lact/ β-lactamase inhibitor
II, Complicated, as per I, plus at least one of the following should be present: FEV1<50% predicted; ≥4 exacerbations/ year; ischemic heart disease; use home oxygen or chronic oral steroids; antibiotic use in the past 3 months.	As in group I, plus: Klebsiella spp. and other Gram-negative bacteria Increased probability of β-lactam resistance.	Fluoroquinolone β-lact/ β-lactamase inhibitor (in order of preference).	May require parenteral therapy. Consider referral to a specialist or hospital.
III, Chronic Suppurative II, plus: Constant purulent sputum; some have bronchiectasis; FEV1 usually <35% predicted; chronic oral steroid use; multiple risk factors.	As in group II, plus: P. Aeruginosa and multi-resistant Enterobacteriaceae.	Ambulatory - tailor treatment to airway pathogen; P. Aeruginosa is common (ciprofloxacin) Hospitalized - parenteral therapy usually required.	

General Recommendations for the Physician

- Patients need to be instructed to call or visit their treating physician if symptoms persist or worsen after 48 hrs in spite of patient-initiated treatment. Please instruct patients to notify their doctor, respiratory educator, or case manager within 2 days of filling any of their prescriptions for a COPD flare-up.
- Prescriptions for antibiotics and prednisone can be refilled twice each, as needed, for 1 year. Pharmacists may fax the doctor's office after any portion of the prescriptions for COPD flare-up has been filled.
- To reduce the risk of antibiotic resistance, if more than one treatment is required over 3 months, the class of antibiotics should be changed on subsequent courses of therapy.
- Review with your patient measures to prevent future COPD exacerbations including smoking cessation, annual influenza vaccination, pneumococcal vaccination and appropriate use of inhaled daily medications.
- Consider referral to a local respiratory educator and pulmonary rehabilitation program if available.

1 O'Donnell DE, Hernandez P, Kaplan A, Aaron S., et al. CTS recommendations for management of COPD – 2008 update – highlights for primary care. Can Resp J 2008; 15(Suppl A):1A-8A.
2 Balter MS, La Forge J, Low DE, Mandell L., et al. Canadian guidelines for the management of acute exacerbation of chronic bronchitis. Can Respir J 2003; 10(Suppl B):3B-32B.

With acknowledgment to:

My COPD Action Plan _____ Date _____
Pharmacist's Copy
(Patient's Name)

Canadian Respiratory Guidelines

COPD
Treatable. Preventable.

This is to tell me how I will take care of myself when I have a COPD flare-up.

My goals are _____

My support contacts are _____ and _____
(Name & Phone Number) (Name & Phone Number)

Prescriptions for COPD flare-up (Patient to fill as needed for symptoms)

These prescriptions may be refilled two times each, as needed, for 1 year, to treat COPD flare-ups. Pharmacists may fax the doctor's office once any part of this prescription has been filled.

_____ _____
Patient's Name Patient Identifier (e.g. DOB, PHN)

1. (A) If **the colour** of your sputum **CHANGES**, start antibiotic _____ Dose:_____ #pills:_____
How often_____ for #days:____

(B) If the first antibiotic was taken for a flare-up in the **last 3 months**, use this different antibiotic instead:
Start antibiotic _____ Dose:_____ #pills:_____
How often_____ for #days:____

AND / OR

2. If you are **MORE short of breath** than usual, start prednisone _____ Dose:_____ #pills:_____
How often:_____ for #days:____

Once I start any of these medicines, **I will tell** my doctor, respiratory educator, or case manager within **2 days**.

_____ _____ _____
Doctor's Name Doctor's Fax Doctor's Signature

_____ _____
License Date

CANADIAN THORACIC SOCIETY

BREATHE
the lung association

Produced in collaboration with the *COPD & Asthma Network of Alberta (CANA)*. *The Canadian Thoracic Society (CTS)* acknowledges the past contributions of *Living well with COPD* and the *Family Physician Airways Group of Canada*.

COPD ACTION PLAN (Pharmacist's copy)

Pharmacological Treatment

1. Short-acting (beta$_2$-agonists and anticholinergic) bronchodilators to treat wheeze and dyspnea. Continue all of your long acting bronchodilators or inhaled steroids as prescribed.
2. Prednisone (oral) → 30-50 mg once daily for 5-10 days for patients with moderate to severe COPD.
3. Antibiotic choice is prescribed based upon the presence of risk factors as below.
4. Severe AECOPD complicated by acute respiratory failure is a medical emergency. Consider consultation with an emergency specialist or respirologist.

Antibiotic Treatment Recommendations for Acute COPD Exacerbations[1, 2]

Group	Probable Pathogens	First Choice	Alternatives for Treatment Failure
I, Simple Smokers FEV1 > 50% ≤ 3 exacerbations per year	H. influenzae M. catarrhalis S. pneumoniae	Amoxicillin, 2nd or 3rd generation cephalosporin, doxycycline, extended spectrum macrolide, trimethoprimsulfamethoxazole (in alphabetical order).	Fluoroquinolone β-lact/ β-lactamase inhibitor
II, Complicated, as per I, plus at least one of the following should be present: FEV1<50% predicted; ≥4 exacerbations/ year; ischemic heart disease; use home oxygen or chronic oral steroids; antibiotic use in the past 3 months.	As in group I, plus: Klebsiella spp. and other Gram-negative bacteria Increased probability of β-lactam resistance.	Fluoroquinolone β-lact/ β-lactamase inhibitor (in order of preference).	May require parenteral therapy. Consider referral to a specialist or hospital.
III, Chronic Suppurative II, plus: Constant purulent sputum; some have bronchiectasis; FEV1 usually <35% predicted; chronic oral steroid use; multiple risk factors.	As in group II, plus: P. Aeruginosa and multi-resistant Enterobacteriaceae.	Ambulatory - tailor treatment to airway pathogen; P. Aeruginosa is common (ciprofloxacin) Hospitalized - parenteral therapy usually required.	

General Recommendations for the Pharmacist

- Patients need to be instructed to call or visit their treating physician if symptoms persist or worsen after 48 hrs in spite of patient-initiated treatment. Please instruct patients to notify their doctor, respiratory educator, or case manager within 2 days of filling any of their prescriptions for a COPD flare-up.
- Prescriptions for antibiotics and prednisone can be refilled twice each, as needed, for 1 year. Even if you have any concerns to discuss with the doctor, please fill at least the minimum quantity of the appropriate prescription based on the patient's symptoms.
- To reduce the risk of antibiotic resistance, if more than one treatment is required over 3 months, the class of antibiotics should be changed on subsequent courses of therapy.
- Review with your patient some general measures to prevent future COPD exacerbations including smoking cessation, annual influenza vaccination, pneumococcal vaccination and appropriate use of inhaled daily medications.

1 O'Donnell DE, Hernandez P, Kaplan A, Aaron S., et al. CTS recommendations for management of COPD – 2008 update – highlights for primary care. Can Resp J 2008; 15(Suppl A):1A-8A.
2 Balter MS, La Forge J, Low DE, Mandell L., et al. Canadian guidelines for the management of acute exacerbation of chronic bronchitis. Can Respir J 2003; 10(Suppl B):3B-32B.

With acknowledgment to: