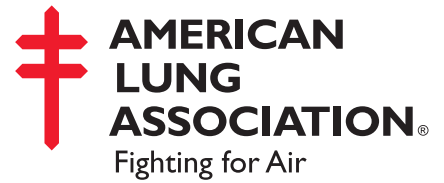


# MY COPD MANAGEMENT PLAN

It is recommended that patients and physicians/healthcare providers complete this management plan together. This plan should be discussed at each physician visit and updated as needed.



## General Information

Name:	
Emergency Contact:	Phone Number:
Physician/Health Care Provider Name:	Phone Number:
Date:	

## Lung Function Measurements

Weight: _____ lbs	FEV <sub>1</sub> : _____ L _____% predicted	Oxygen Saturation: _____%
Date:	Date:	Date:

## General Lung Care

Flu Vaccine	Date:	Next Flu Vaccine Due:
Pneumonia vaccine	Date:	Next Pneumonia Vaccine Due:
Smoking status	<input type="checkbox"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Current	Quit Smoking Plan
Exercise plan <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Walking <input type="checkbox"/> Other _____ _____ min/day _____ days/week	Pulmonary Rehabilitation <input type="checkbox"/> Yes <input type="checkbox"/> No
Diet plan <input type="checkbox"/> Yes <input type="checkbox"/> No	Goal Weight: _____	

## Medications for COPD

Type or Descriptions of Medicines	Name of Medicine	How Much to Take	When to Take

## My Quit Smoking Plan

<input type="checkbox"/> <b>Advise:</b> Firmly recommend quitting smoking	<input type="checkbox"/> <b>Discuss use of medications, if appropriate:</b>	
<input type="checkbox"/> <b>Assess:</b> Readiness to quit		
<input type="checkbox"/> <b>Encourage:</b> To pick a quit date	<input type="checkbox"/> <b>Freedom From Smoking</b> <sup>®</sup> www.ffsonline.org	<input type="checkbox"/> <b>Lung HelpLine</b> 1-800-LUNG USA
<input type="checkbox"/> <b>Assist:</b> With a specific cessation plan that can include materials, resources, referrals and aids		

## Oxygen

Resting:	Increased Activity:	Sleeping:
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## Advanced Care and Planning Options

<input type="checkbox"/> Lung Transplant	<input type="checkbox"/> Lung Reduction	<input type="checkbox"/> Transtracheal Oxygen	<input type="checkbox"/> Night-time Ventilator	<input type="checkbox"/> Advanced Directives
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## Other Health Conditions

<input type="checkbox"/> Anemia	<input type="checkbox"/> Anxiety/Panic	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Blood Clots
<input type="checkbox"/> Cancer	<input type="checkbox"/> Depression	<input type="checkbox"/> Diabetes	<input type="checkbox"/> GERD/Acid Reflux
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Kidney/Prostate
<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Other:		

The information contained in this document is for educational use only. It should not be used as a substitute for professional medical advice, diagnosis or treatment. The American Lung Association does not endorse any specific commercial product.

For more information, visit [www.Lung.org](http://www.Lung.org) or call 1-800-LUNG-USA (1-800-586-4872)