

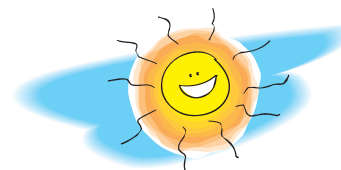
I Feel Much Worse

My Symptoms	My Actions
<ul style="list-style-type: none"> • My symptoms get worse. • After 48 hours of treatment my symptoms are not better. 	<ul style="list-style-type: none"> • I call my contact person. • After 5 pm or on the weekend, I go to the hospital emergency department.

I Feel I am in Danger

My Symptoms	My Actions
<p>In any situation if:</p> <ul style="list-style-type: none"> • I am extremely short of breath • I am confused and/or drowsy • I have chest pain 	<ul style="list-style-type: none"> • I dial 911 for an ambulance to take me to the hospital emergency department.

Other recommendations from my doctor about my Plan of Action:



Plan of Action

My name is: _____

Contact List

Service	Name	Phone Number
Resource Person		
Family Physician		
Respirologist		
Pharmacist		

I Feel Well

My Usual Symptoms			
<ul style="list-style-type: none"> • I feel short of breath: _____ • I cough up sputum daily. <input type="checkbox"/> No <input type="checkbox"/> Yes, colour: _____ • I cough regularly. <input type="checkbox"/> No <input type="checkbox"/> Yes 			
My Actions			
<ul style="list-style-type: none"> • I sleep and eat well, I do my usual activities and exercises 			
My Regular Treatment is:			
Medication	Dose	Puffs/pills	Frequency

I Feel Worse

My Symptoms

- Changes in my sputum (colour, volume, consistency)
- More shortness of breath than usual
Note that these changes may happen after a cold or flu-like illness and/or sore throat



My Actions

- I take the **additional treatment** prescribed by my doctor
- I avoid things that make my symptoms worse
- I use my breathing, relaxation, body position and energy conservation techniques
- I notify my resource person _____

CHANGES IN MY SPUTUM

MORE SHORTNESS OF BREATH THAN USUAL

My additional treatment is:



- I start my ANTIBIOTIC if my SPUTUM becomes _____

I check my sputum **colour**, volume and consistency (not only in the morning).

I do not wait more than 48 hours to start my antibiotic.

Antibiotic	Dose	Number of Pills	Frequency/days

Comments:



- I increase my reliever (BRONCHODILATOR) if I am MORE SHORT OF BREATH than usual.

Bronchodilator	Dose	Number of Puffs	Frequency/days

Comments:



- I start my PREDNISONE if after increasing my Bronchodilator my SHORTNESS OF BREATH DOES NOT IMPROVE and I have difficulty performing my usual activities.

I do not wait more than 48 hours to start my prednisone.

Prednisone	Dose	Number of Pills	Frequency/days

Comments:

