



COPD Log







Name _____

- ♥ Check the COPD Action Plan (next page) to see which zone are you in today? Green, Yellow or Red?
- ♥ Bring this log to all of your **appointments**.

Month:				Month:			
Day	Step Count	Blood Pressure /Pulse	COPD Action Plan Zone		Step Count	Blood Pressure /Pulse	COPD Action Plan Zone
1			G Y R				G Y R
2			G Y R				G Y R
3			G Y R				G Y R
4			G Y R				G Y R
5			G Y R				G Y R
6			G Y R				G Y R
7			G Y R				G Y R
8			G Y R				G Y R
9			G Y R				G Y R
10			G Y R				G Y R
11			G Y R				G Y R
12			G Y R				G Y R
13			G Y R				G Y R
14			G Y R				G Y R
15			G Y R				G Y R
16			G Y R				G Y R
17			G Y R				G Y R
18			G Y R				G Y R
19			G Y R				G Y R
20			G Y R				G Y R
21			G Y R				G Y R
22			G Y R				G Y R
23			G Y R				G Y R
24			G Y R				G Y R
25			G Y R				G Y R
26			G Y R				G Y R
27			G Y R				G Y R
28			G Y R				G Y R
29			G Y R				G Y R
30			G Y R				G Y R
31			G Y R				G Y R

Tell your doctor, respiratory educator or case manager within 2 days if you used any of your flare-up prescriptions. Review your COPD Action Plan with your doctor twice a year.

COPD Action Plan

My Symptoms	I Feel Well 	I Feel Worse 	I Feel Much Worse 
I have sputum.	My usual sputum colour is: _____	Changes in my sputum, for at least 2 days. Yes <input type="checkbox"/> No <input type="checkbox"/>	My symptoms are not better after taking my flare-up medicine for 48 hours. 
I feel short of breath.	When I do this: _____	More short of breath than usual for at least 2 days. Yes <input type="checkbox"/> No <input type="checkbox"/>	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.	
		If I am on oxygen, I will increase it from ____ L/min to ____ L/min.	

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.