

My Chronic Obstructive Pulmonary Disease Action Plan

My maintenance medications:	My rescue medications (for quick relief):

I have oxygen at home _____ I have CPAP/Bipap at home _____

Green Zone: I am doing well today Goal: Stay in Green Zone	Actions
<ul style="list-style-type: none"> Usual activity and exercise level Usual amounts of cough and phlegm/mucus Sleep well at night Appetite is good 	<ul style="list-style-type: none"> <input type="checkbox"/> Take daily medicines <input type="checkbox"/> Use oxygen as prescribed <input type="checkbox"/> Continue regular exercise/diet plan <input type="checkbox"/> At all times avoid cigarette smoke, inhaled irritants <input type="checkbox"/> Contact us if you need help with quitting smoking <input type="checkbox"/> Get flu vaccine yearly _____ <input type="checkbox"/> Get pneumonia vaccine every 5 years _____
Yellow Zone: I am having a bad day Goal: Stop the symptoms before they get worse	Actions
<ul style="list-style-type: none"> More breathless than usual I have less energy for my daily activities Increased or thicker phlegm/mucus Using quick relief inhaler/nebulizer more often Swelling of ankles more than usual More coughing than usual I feel like I have a "chest cold" Poor sleep and my symptoms woke me up My appetite is not good My medicine is not helping 	<p>Contact us as soon as possible at 661-633-5474</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contact us as soon as possible at 661-633-5474 <input type="checkbox"/> Continue daily medication <input type="checkbox"/> Use quick relief inhaler every 4 hours <input type="checkbox"/> Start Emergency Kit: an oral corticosteroid (specify name, dose, and duration) _____ <input type="checkbox"/> Start an antibiotic (specify name, dose, and duration) _____ <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> Use oxygen as prescribed <input type="checkbox"/> Get plenty of rest <input type="checkbox"/> Use pursed lip breathing <input type="checkbox"/> At all times avoid cigarette smoke, inhaled irritants
Red Zone: I need urgent medical care Goal: Avoid it as much as possible	Actions
<ul style="list-style-type: none"> Severe shortness of breath even at rest Not able to do any activity because of trouble breathing Not able to sleep because of trouble breathing Fever or shaking chills Feeling confused or very drowsy Chest pains Coughing up blood 	<ul style="list-style-type: none"> <input type="checkbox"/> Call 911 or Contact us immediately at 661-633-5474 <input type="checkbox"/> While getting help, immediately do the following: <ul style="list-style-type: none"> <u>Use quick relief inhaler 2p</u> <u>Use nebulizer may repeat one time immediately</u> <u>Use oxygen as prescribed</u> <u>Use pursed lip breathing</u>

American Lung Association. (n.d.). My COPD action plan. Retrieved from: <http://www.lung.org/lung-disease/copd/awareness/copd-action-plan-generic.pdf>

My Asthma Action Plan

My maintenance medications:	My rescue medications (for quick relief):

I have Peak Flow Meter _____ My personal Best is _____

Green Zone: I am doing well today Goal: Stay in Green Zone	Actions
<ul style="list-style-type: none"> No cough No wheezing No shortness of breath during the day or night Peak flow is 80% of personal best 	<ul style="list-style-type: none"> <input type="checkbox"/> Take daily medicines <input type="checkbox"/> Continue regular exercise <input type="checkbox"/> Avoid triggers <input type="checkbox"/> At all times avoid cigarette smoke, inhaled irritants <input type="checkbox"/> Get flu vaccine yearly _____ <input type="checkbox"/> Get pneumonia vaccine every 5 years _____
Yellow Zone: I am having a bad day Goal: take care of symptoms before they get worse	Actions
<ul style="list-style-type: none"> Increased cough Increased wheezing Increased shortness of breath during the day or night Waking at night due to asthma symptoms Can do some but not all usual activities Peak flow is 60-79% of personal best 	<p>Contact us as soon as possible at 661-633-5474</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contact us as soon as possible at 661-633-5474 <input type="checkbox"/> Continue daily medication <input type="checkbox"/> Use quick relief inhaler every 4 hours <input type="checkbox"/> Take 2 more pulls in 20-30mins if symptoms continues <input type="checkbox"/> Start Emergency Kit: an oral corticosteroid (specify name, dose, and duration) <input type="checkbox"/> Avoid triggers <input type="checkbox"/> At all times avoid cigarette smoke, inhaled irritants
Red Zone: I need urgent medical care Goal: Avoid it as much as possible	Actions
<ul style="list-style-type: none"> Severe shortness of breath even at rest Quick relief inhaler is not helping Cannot do usual activities Peak flow is < 60% of personal best 	<ul style="list-style-type: none"> <input type="checkbox"/> Call 911 or Contact us immediately at 661-633-5474 <input type="checkbox"/> While getting help, immediately do the following: <u>Use quick relief inhaler 2p</u> <u>Use nebulizer may repeat one time immediately</u> <u>Use pursed lip breathing</u>

U.S. Department of Health and Human services. (n.d.) Asthma action plan: Retrieved from:
http://www.nhlbi.nih.gov/files/docs/public/lung/asthma_actplan.pdf

My Congestive Heart Failure Action Plan

My Ideal Weight (When I feel well) is _____ My water pill is _____

Green Zone I am having a good day	Action Symptoms controlled
Goal: Stay in Green Zone	
My weight is _____ <ul style="list-style-type: none"> No weight gain No chest pain Usual activity and exercise level Breathing is at usual level Appetite is good 	<ul style="list-style-type: none"> Continue daily medications Continue daily weight Continue low salt diet Be as active as possible Limit alcohol to 1 drinks a day Avoid cigarette smoke Talk to us if you need help quitting. Avoid getting sick from colds and the flu Get yearly flu vaccine date _____ Get pneumonia vaccine every 5 years _____ Keep routine follow up appointment
Yellow Zone I am having a bad day	Action Contact us as soon as possible at 661-633-5474
Goal: Take care of symptoms before they get worse	
<ul style="list-style-type: none"> More breathless than usual Weight gain of 3 or more pounds in 2 days Increased swelling in legs, ankles or feet More short of breath with activities Too tired or weak that you can't do your usual activities Increased cough Increase in the number of pillows needed Anything else unusual that bothers you 	<ul style="list-style-type: none"> Take an additional water pill as instructed _____ Continue to weigh daily Get plenty of rest Limit your fluid intake _____ Continue to limit your salt intake, alcohol intake and avoid cigarette smoke
Red Zone I am having a really bad day	Actions Contact us Immediately at 661-633-5474
Goal: Avoid the occurrence as much as possible	
<ul style="list-style-type: none"> Severe shortness of breath Extreme fatigue Need to sit in chair to sleep Chest pain at rest Confusion Feeling dizzy or lightheaded severe swelling ankles or legs 	<ul style="list-style-type: none"> Be prepared that you might be sent to the emergency room

Short Term and Long Term Goals

Template

COPD/Asthma	
Short Term Goals By next follow-up appointment, I will	Long Term Goals
<ul style="list-style-type: none"> Follow action plan Take all inhalers as prescribed Take medications as prescribed Know my maintenance medications Know my rescue medications Know how to take my inhalers Use oxygen as prescribed Know my triggers Be more active Keep my scheduled appointment 	<ul style="list-style-type: none"> No exacerbations in 6 month No hospitalization in 6 month Slow down the disease progression Maintain or achieve a healthy weight Cut back smoking if applicable Implement exercise plan of physical activity to 5 times per week as tolerated
<p>My healthcare team can support me by</p> <ul style="list-style-type: none"> Providing me with educational material Providing action plan Prescribing appropriate medications Listening to my concern Referral to pulmonary rehab Providing flu vaccine yearly, and pneumonia vaccine every 5 years 	
Comments	
Evaluation	
Making progress Date:	Making progress Date:
Achieved: Date	Achieved: Date:

DM	
Short Term Goals By next follow-up appointment, I will	Long Term Goals
<ul style="list-style-type: none"> • Check blood sugars as directed • Keep track of blood sugar readings in a log • Take medications as prescribed • Follow a diabetic-friendly diet, manage portion control • Implement exercise plan of physical activity to 5 times per week • Keep my scheduled appointment 	<ul style="list-style-type: none"> • Maintain hemoglobin A1c under 7, or at the level your provider recommends • Annual eye examinations with ophthalmologist to screen for complications • Maintain or achieve a healthy weight
My healthcare team can support me by <ul style="list-style-type: none"> • Referring me to a nutritionist or certified diabetes educator • Providing me with resources for meal planning and healthy eating 	
Comments	
Evaluation	
Making progress Date:	Making progress Date:
Achieved: Date	Achieved: Date:

Smoking Cessation	
Short Term Goals	Long Term Goals
By next follow-up appointment, I will	
<ul style="list-style-type: none"> • Cut number of cigarettes smoked daily in half • Identify smoking triggers • Find strategies that help reduce cravings • Keep my scheduled appointment 	<ul style="list-style-type: none"> • Fully and permanently quit smoking • Improve lung function • Reduce health risks by quitting smoking
My healthcare team can support me by	
<ul style="list-style-type: none"> • Considering medication to increase my chances of successfully quitting smoking • Identifying available resources <ul style="list-style-type: none"> ○ AMA quit smoking action plan ○ Smokefree.gov 	
Commonly uses strategies	
<ul style="list-style-type: none"> • Regular exercise • Chew gum or hard candy • Identify triggers that lead to smoking, and establish new strategies for coping with these situations • Keep yourself busy • Contact additional resources for support, such as Smokefree.gov • Don't give up, even if you have a setback 	
Comments	
Evaluation	
Making progress	Making progress
Date:	Date:
Achieved:	Achieved:
Date	Date:

Reduce Health Risks Associated with Coronary Artery Disease

Short Term Goals	Long Term Goals
<p>By next follow-up appointment, I will</p> <ul style="list-style-type: none"> • Take medications as prescribed • Start to follow a heart-healthy diet • Monitor blood pressure • Keep routine follow up appointment • Consider quitting smoking (if applicable) 	<ul style="list-style-type: none"> • blood pressures 140/90 • Maintain or achieve a healthy weight • Maintain healthy diet • Exercise regularly 30 minutes/ day 5x/week • Not smoking • Drink moderately
<p>My healthcare team can support me by:</p> <ul style="list-style-type: none"> • Providing medical management of risk factors such as hypertension • Referral to a nutritionist • Providing resources for meal planning and healthy eating • Providing resources and support for quitting smoking • Providing strategies for increasing physical activity 	
Comments	
Evaluation	
<p>Making progress</p> <p>Date:</p>	<p>Making progress</p> <p>Date:</p>
<p>Achieved:</p> <p>Date</p>	<p>Achieved:</p> <p>Date:</p>

Congestive Heart Failure

Short Term Goals	Long Term Goals
<p>By next follow-up appointment, I will</p> <ul style="list-style-type: none"> • Follow action plan • Weigh myself daily • Know my “normal weight” • Not have any sudden weight gain • Take medications as prescribed • Know my water pill • Know when to take additional water pill • Use oxygen as prescribed • Know my triggers • Stay on low salt diet • Restrict my fluid intake when needed • Be more active • Keep my scheduled appointment 	<ul style="list-style-type: none"> • No exacerbations in 6 month • No hospitalization in 6 month • Slow down the disease progression • Maintain or achieve a healthy weight • Cut back smoking if applicable • Implement exercise plan of physical activity to 5 times per week as tolerated
<p>My healthcare team can support me by</p> <ul style="list-style-type: none"> • Providing me with educational material • Providing action plan • Prescribing appropriate medications • Listening to my concerns • Referral to cardiac rehab • Providing flu vaccine yearly, and pneumonia vaccine every 5 years 	
<p>Comments</p>	
<p>Evaluation</p>	
<p>Making progress</p> <p>Date:</p>	<p>Making progress</p> <p>Date:</p>

My Achievement Record

This record card helps you to keep track of goals you have accomplished. Feel free to update this report card and share your accomplishments with us any time.

Goal achieved	Achieved date
Example: Taking maintenance inhaler daily	8/3/15

Clinical Flow Charts

Goal: Provide ongoing assessment for implementation of evidence based care

Staff: Provider and care coordinator

Intervention: Update flow sheet periodically, and coordinate with other providers as needed

COPD Flow Chart

Assessment	Management
<ul style="list-style-type: none"> • Dyspnea <ul style="list-style-type: none"> ○ Class I-IV • Activity level • GOLD <ul style="list-style-type: none"> ○ Class I-IV • Last hospitalization <ul style="list-style-type: none"> ○ date ○ reason • Risk <ul style="list-style-type: none"> ○ Number of exacerbation last year <ul style="list-style-type: none"> ▪ >2 =High risk ○ Number of hospitalization last year <ul style="list-style-type: none"> ▪ >1=high risk ○ FEV1<50% of predicted • FVC • FEV1 • FEV1/FVC • O2 sat <ul style="list-style-type: none"> ○ At rest ○ With activity ○ Bedtime 	<ul style="list-style-type: none"> • Medication <ul style="list-style-type: none"> • Long acting bronchodilator • Maintenance medication • Rescue medication • Nebulizer • O2 therapy • CPAP/BiPAP • Smoking status <ul style="list-style-type: none"> • Quit smoking plan • Activity level • Pulmonary rehab • Pulmonary function test yearly • Education needs <ul style="list-style-type: none"> • Inhaler use • Breathing technique • Identify triggers • Disease process
<p>Measures:</p> <ul style="list-style-type: none"> • Long acting bronchodilator for poorly controlled COPD • Last hospitalization date and reason 	
<p>Need to collaborate with IT to establish the flow sheet in EMR</p>	

Global Initiative for Chronic Obstructive Lung Disease. (2015). Global strategy for diagnosis, management, and prevention of COPD. Retrieved from: <http://www.goldcopd.org/Guidelines/guidelines-resources.html>

National Quality Forum. (2012). Endorsement summary: Pulmonary and critical care measures. Retrieved from: http://www.qualityforum.org/News_And_Resources/Endorsement_Summaries/Endorsement_Summaries.aspx

Asthma Flow Chart

Assessment	Mediations	Intervention
<ul style="list-style-type: none"> • Symptoms • Use of Rescue inhaler Frequency _____ • FVC • FEV1 • PEF • 	<ul style="list-style-type: none"> • ICS • LABA • SABA • Anti-leukotriene agent • Prednisone <ul style="list-style-type: none"> ○ Last use ○ How frequent 	<ul style="list-style-type: none"> • Identify Triggers • Asthma action plan • Home peak flow monitoring • Vaccines <ul style="list-style-type: none"> ○ Flu ○ Pneumonia • Smoking status <ul style="list-style-type: none"> ○ Quit smoking plan
Measures: Long term control medications		
Need to modify flow sheet in current EMR		

US Department of Health and Human Services National Heart Lung Blood Institute. (2007). *National asthma education and prevention expert panel report 3: Guidelines for the diagnosis and management of asthma*. (NIH Publication No. 07-4051). Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/>.

National Quality Forum. (2012). Endorsement summary: Pulmonary and critical care measures. Retrieved from: http://www.qualityforum.org/News_And_Resources/Endorsement_Summaries/Endorsement_Summaries.aspx

Congestive Care Failure Flow Chart*

Medications:	Weight	Labs and Diagnostics	Action
<ul style="list-style-type: none"> • Beta blocker • ACE/ARB • Diuretics • Digoxin • Antithrombotic 	<ul style="list-style-type: none"> • BMI • Weight 	<ul style="list-style-type: none"> • Electrolytes • BUN/Creatinine • LDL • 2d echo cardiogram Date _____ • LVEF _____ % 	<ul style="list-style-type: none"> • Cardiologist • Refer back to cardiology as needed • Smoking status <ul style="list-style-type: none"> ○ Quit smoking plan
<p>Measures: if LVEF <40% , needs ACEI/ ARB, betaBlocker, ASA, LDL <100</p>			
<p>*Use Existing Congestive Care Failure Flow Sheet in EMR</p>			

American Heart Association. (2013). 2013 ACCF/AHA guideline for management of heart failure. *Circulation*, 128, 240-327. doi: 10.1161/CIR.0b013e31829e8776 Retrieved from: <http://circ.ahajournals.org/content/128/16/e240.full.pdf+html>

National Quality Forum. (2012). Endorsement summary: Cardiovascular measures. Retrieved from: http://www.qualityforum.org/News_And_Resources/Endorsement_Summaries/Endorsement_Summaries.aspx

Recommended Preventive Services Flow Sheet

Recommended Preventive Services	Action
<ul style="list-style-type: none"> • Hypertension screening 	Update data in EMR
<ul style="list-style-type: none"> • BMI screening 	Update data in EMR
<ul style="list-style-type: none"> • Vaccine <ul style="list-style-type: none"> ○ Flu yearly ○ Pneumonia yearly ○ Shingle • Colorectal cancer screening • Osteoporosis screening: central DXA measurement <ul style="list-style-type: none"> ○ Women >65 years old ○ Steroid use >180 days in 9month • AAA screening <ul style="list-style-type: none"> ○ Male smoker >65 ○ + family history and >60 	<ul style="list-style-type: none"> • Coordinate with primary care physician (PCP) • Refer back to PCP as needed
Need to modify flow sheet in current EMR	

National Quality Forum. (2012). Endorsement summary: Preventive service measures. Retrieved from: http://www.qualityforum.org/News_And_Resources/Endorsement_Summaries/Endorsement_Summaries.aspx