

Zone Tool for COPD

GREEN Zone Great Control

- Usual activity and exercise level
- Usual amounts of cough and mucus
- Sleep well at night
- Appetite is good

GREEN Zone means:

- Your symptoms are under control
- Continue taking your medications as ordered
- Keep all doctor appointments
- Refill any medications as needed

YELLOW Zone Caution. Call your doctor!

Call your doctor if you experience any of these:

- I am short of breath more than usual
- It is more difficult for me to breath today
- I have less energy for my daily activities
- I have more or thicker mucus
- I am using my rescue (emergency or quick) inhaler more often
- I am using my nebulizer more often than usual
- I am coughing more than usual
- I feel like I have a “chest cold”
- My symptoms wake me up from sleep and I am not sleeping well
- My appetite is not good
- My medicine is not helping

YELLOW Zone means:

- Any changes in symptoms may be an alert for additional medical attention
- Call your nurse or doctor to evaluate
- Ask for an appointment today

RED Zone Take Action!

Call 911 or go to the emergency room if you experience any of these:

- I am not able to do any activity because of breathing
- I am not able to fall asleep because of my breathing
- I have a fever or shaking chills
- I am feeling confused or very drowsy
- I have chest pain or chest tightness
- I am coughing up blood
- My skin or fingernails have changed color
- My lips have turned grey or blue

RED Zone means:

- Call 911 or go to the Emergency Room to seek medical attention

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Everyday Actions



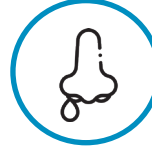
Take your prescribed medications.



Watch for increased coughing more often.



Eat a healthy diet based on your doctor's recommendations.



Watch for more or thicker mucus.



Drink 8 cups of liquids daily or the amount your doctor tells you to drink.



Stop smoking.
Do not use tobacco products.



Keep all doctor appointments.



Use oxygen as prescribed

I have Chronic Obstructive Pulmonary Disease (COPD)

Name: _____

My emergency plan is:

Doctor: _____

Phone: _____

Pharmacy: _____

Phone: _____

Emergency Contact: _____

Phone: _____

Medical Power of Attorney:

Phone: _____

I have an advanced directive

I have a living will

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