Tracking your COPD Symptoms



I am doing well, if:

- I am breathing easy and feeling well
- I have little or no mucus (sputum)
- My mucus is thin and clear or white
- I am thinking clearly
- I can do my normal activities

The Green Zone means:

- Be sure to read your handouts that tell you how to use your inhalers and nebulizer.
- I am taking my medicines, using my oxygen, inhalers, and nebulizer as I was told by my doctor.
- I will do my best to stay away from things that will make it harder for me to breathe. I will try not to smoke or be around smokers, dust, fumes, and people with colds or flu.



I need to call my doctor or nurse, if:

- I am coughing more than normal
- I am coughing up more mucus than is normal for me
- My mucus is thicker and has changed to a color that is not normal for me
- I am more short of breath
- I am wheezing more than normal
- I am more tired than normal or having trouble sleeping
- I have had a fever higher than 100° F for more than 24 hours
- I am using my inhalers and/or nebulizer more than normal and they are not helping me
- · My ankles or feet are swelling
- I am gaining weight

The Yellow Zone means:

- Call your doctor, nurse or home health care agency
- You may need your medicines changed
- You need to reduce your activity and use pursed lip breathing
- Keep taking your medicines, using your inhalers, and nebulizer as you were told by your doctor.
- Keep using your oxygen as you were told by your doctor.
- Keep doing your best to stay away from things that will make it harder for you to breathe. Try not to smoke or be around smokers, dust, fumes, and people with colds or flu.



Call 911, if:

- Nothing relieves my shortness of breath
- I feel like I can't catch my breath
- Nothing relieves my chest pain
- Nothing relieves the tightness in my chest
- I am confused or drowsy
- My lips, gums, or fingernails look blue or gray.

The Red Zone means:

Call 911 right away!

Doctor:	Phone:
Home Health Care Agency:	Phone:
Other:	Phone:



How to Use my Inhalers and Nebulizer

Your doctor or advanced practice provider (PA or NP) will fill in the information below at your follow-up office visit after you have been discharged from the hospital.



• I will use times per day.* I will take	, my long-acting/maintenance inhaler, puffs each time.
• I will use times per day.* I will take	_, my s hort-acting/quick relief inhaler, _ puffs each time.
• I will use	_, in my nebulizer times per day.*



• I will usetimes per day.* I will take	, my long-acting/maintenance inhaler, puffs each time.
• I can use hours. I will take	, my s hort-acting/quick relief inhaler, puffs each time.
• I can use	, in my nebulizer up to every hours.



• I can use my **short-acting/quick relief** inhaler by taking _____ puffs or a nebulizer treatment every _____ until help arrives.

- *2-times a day would be about every 12 hours, such as, 8 am and 8 pm;
- **3-times a day** would be about every 6 hours, such as, 8 am, 2 pm and 8 pm;
- **4-times a day** would be about every 4 hours, such as, 8 am, 12 pm, 4 pm, and 8 pm.

