

Self-Management Plan

I FEEL WELL

	My Actions
<ul style="list-style-type: none"> I sleep well and my appetite is good I am able to do my exercises 	<ul style="list-style-type: none"> I avoid things that make my symptoms worse I plan each day in advance I take my medication as prescribed by my Physician/Nurse Practitioner I eat healthy food I do my exercises on a regular basis

I FEEL DIFFERENT

Environment/Stress	My Symptoms
	<ul style="list-style-type: none"> I am more short of breath than usual I may have a cough and/or sputum I may have a wheeze
I have been exposed to	My Actions
<ul style="list-style-type: none"> A stressful situation 	<ul style="list-style-type: none"> I use my breathing and relaxation techniques I position my body so I am less short of breath I keep calm and relaxed I take ____puffs of _____
I have been exposed to	My Actions
<ul style="list-style-type: none"> Pollutants, sudden changes in temperature, humidity, wind or strong exercise 	<ul style="list-style-type: none"> I immediately take ____puffs of _____ and repeat each 20 to 45 minutes, for 2 to 3 times I avoid or decrease my exposure to factors that may make my symptoms worse I use my breathing and relaxation techniques I position my body so I am less short of breath I keep calm and relaxed

I FEEL DIFFERENT

Respiratory Infection	I Have at Least 2 of the Following Symptoms
<ul style="list-style-type: none"> I have developed a Respiratory Infection 	<ul style="list-style-type: none"> Increased shortness of breath Increased volume of sputum Yellow or green sputum I may have a fever
	My Actions <ul style="list-style-type: none"> I contact my Physician/Nurse Practitioner I increase my inhaled bronchodilators as recommended by my Physician/Nurse Practitioner I notify my contact person I take my antibiotic and my steroid as recommended by my Physician/Nurse Practitioner I avoid things that may make my symptoms worse I re-organize my days to avoid shortness of breath I position my body so I am less short of breath I keep calm and relaxed I take ____puffs of _____

Respiratory Infection...My Additional Treatment Is:

Bronchodilators	Dose	# of Puffs/Pills	Frequency	# of Days
Antibiotic	Dose	# of Pills	Frequency	# of Days
Steroid	Dose	# of Puffs/Pills	Frequency	# of Days

I FEEL WORSE

My Symptoms	My Actions
<ul style="list-style-type: none">I have <u>not</u> improved or my symptoms have become worse	<ul style="list-style-type: none">I call my Physician/Nurse PractitionerIf it is after 5 p.m. or on the weekend, and I am unable to wait, I will go to the Hospital Emergency



I FEEL I AM IN DANGER

My Symptoms	My Actions
<ul style="list-style-type: none">I am very short of breathI feel agitated, confused and/or drowsyI have chest pain	<ul style="list-style-type: none">Go to the Emergency Department <u>OR</u>Dial 911 for an ambulance to take you there

Adapted from Bev Beaudin, RRT, CRE

For more copies, go online at <http://vch.eduhealth.ca> or
email phem@vch.ca and quote Catalogue No. **FN.515.R472**
© Vancouver Coastal Health, October 2014