

Useful Contacts

GP:

Respiratory Nurse/Physiotherapist:

Pharmacy:

Local Health Centre/Public Health Nurse:

HSE Counselling Service:

Visit: WWW.COPD.IE

Smoking QUIT line:

1800 201 203 or www.quit.ie

If you have any questions please talk to your nurse, doctor, physiotherapist or pharmacist.

2025

COPD Self –Management Advice

For discussion with your Healthcare Professional

GOOD DAY

You are able to carry out your usual activities

Your phlegm is a normal colour and amount for you

GREEN ZONE

Continue with your medications as prescribed and continue your day as normal.

Keep as active as possible

BAD DAY

Your COPD may be bothering you. For example, you are more breathless than usual

YELLOW ZONE

Use chest clearance techniques. Use your reliever inhaler. Use breathing control exercises. If no relief you may be unwell. Move on to Orange section for guidance.

FEELING UNWELL

You are more wheezy, breathless.

You have more phlegm which is yellow or green in colour

ORANGE ZONE

Take your normal medications and inhalers. Take your reliever medication every 4 to 6 hours. If you have been prescribed rescue antibiotics and steroids by your GP start these. Contact your GP or Out of Hours GP service for advice. Call your COPD Outreach Team or COPD Support Ireland Adviceline for advice.

VERY UNWELL

If your reliever and rescue prescription are not helpful or you feel worse

RED ZONE

You should urgently contact your GP or Out of Hours GP service. If not able to attend GP then go to the hospital Emergency Department.

If you are short of breath at rest, have chest pain or confusion this is an emergency. Call 112 or 999 and ask for an ambulance.



COPD Communication Card



Bring this card with you to all hospital/GP appointments.

Name:

Date of Birth:

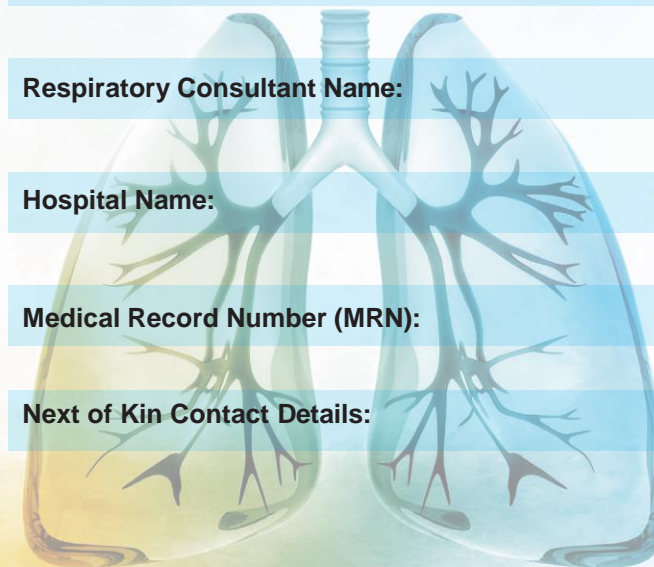
GP Name:

Respiratory Consultant Name:

Hospital Name:

Medical Record Number (MRN):

Next of Kin Contact Details:



Home Oxygen: Yes ☐ _____ L/min
No ☐

PCO₂ Retainer: Yes ☐ No ☐

Please aim to keep this patient's oxygen level >88% and ≤92%

Baseline Arterial Blood Gas

Date	pH	PCO ₂	PO ₂	HCO ₃	SaO ₂	FiO ₂

Home NIV

Date	IPAP	EPAP	O ₂ L/Min

Oxygen/NIV supplier:

Nebuliser: Yes ☐ No ☐

Details:

Spirometry	Date
FEV ₁ % predicted	
FEV ₁ /FVC (%)	
GOLD classification	
DLCO (% Predicted)	

Past Medical History

Smoking: Yes ☐ No ☐ Ex ☐

Pack Year History:

Respiratory Medication List

Date	
Date	
Date	
Date	
Date	

Ensure that this medication list is up to date before transcribing into medical record

Vaccinations	Date	Date
Flu		
Pneumococcal		

Record of Exacerbations/ Flare ups

Date:	
Antibiotics:	
Steroids:	
Date:	
Antibiotics:	
Steroids:	
Date:	
Antibiotics:	
Steroids:	

Notes: