MI-CCSI
Center for Clinical Systems Improvement

Asthma and COPD

PART II – Self Management

Today's Presenter

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Trainer for MI-CCSI with care management experience in the primary care, behavioral health, and payer settings. She has trained hundreds of clinicians on the care management process and motivational interviewing.

Disclosure

MI-CCSI, or the presenter, does not have any financial interest, relationships, or other potential conflicts, with respect to the material which will be covered in this presentation.

OBJECTIVES

At the conclusion of this presentation, the participant will be able to:

- Describe recommended approaches to ongoing medical care and self management for asthma and COPD (Chronic Obstructive Pulmonary Disease)

Patient-Centered Team-Based Care

Promotes Self-Management

Team Members engage patients as partners in their care

- Building relationships that take into account the patient's expressed needs and preferences
- Coming along side patients in their journey to promote confident self management of their chronic diseases.
- Using the motivational interviewing approach-Spirit, Skills and Processes
- Providing education when wanted and tailored to the patent's needs
- Viewing patients as resourceful partners in care, and engaging in shared decision-making
- Providing culturally competent care
- Considering the patient's level of health literacy

Global Strategy for Asthma Management and Prevention (2022 update). Global Initiative for Asthma. Available from: https://ginasthma.org/gina-reports/. Accessed July 21,2022. …..

Patient Identification

Asthma

Jade

- Jade age 17-Active high school student
- Office visit due to worsening respiratory symptoms-meds “don’t work”
- Plays soccer-having shortness of breath
- Triggers-seasonal allergies, family dog, exercise

COPD

Joe

- Joe age 82-retired body shop owner, long history of smoking
- Office visit for post discharge care Hospitalized for exacerbation of COPD also has Heart Failure.
- Retired but helped son in the body shop until 1 year ago. No energy for it now

Medical Goals of Treatment

Asthma

Symptoms:

- Achieve good control of symptoms
- Maintain normal activity levels

Risk:

- Minimize risk of asthma related death, exacerbations, persistent airflow limitations and side effects

COPD

Reduce symptoms:

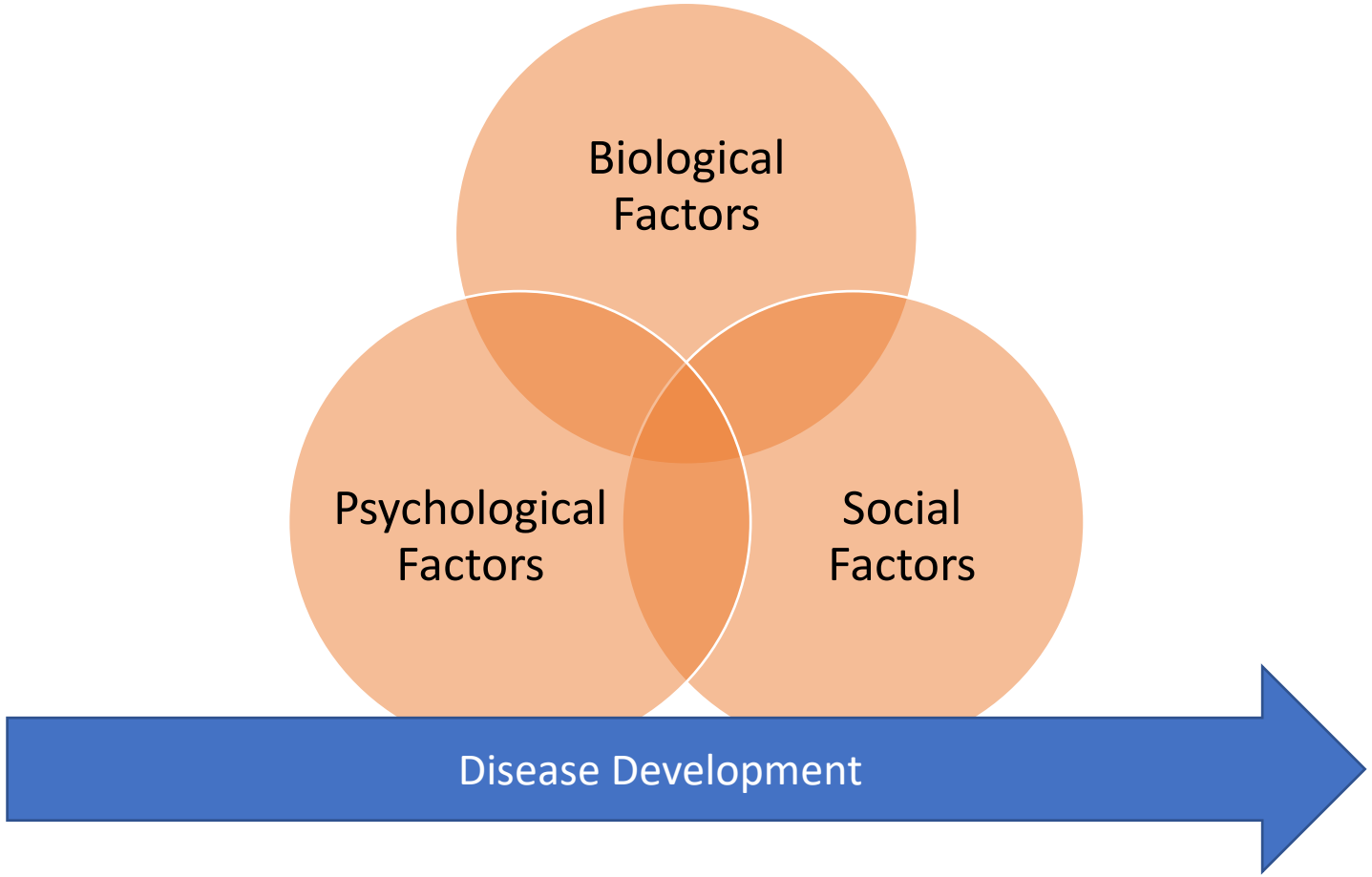
- Improve Exercise tolerance
- Improve Health Status

Reduce Risk:

- Prevent Disease progression
- Prevent and treat exacerbation
- Reduce Mortality

Global Initiative for Chronic Obstructive Lung Disease (GOLD): Teach Slide Set 2022. Available from: https://goldcopd.org/2022-gold-reports-2/. Accessed June 29, 2022.

Biopsychosocial Model-Patient Assessment



Engel, George L. The need for a new medical model: a challenge for biomedicine. (PDF). *Science*. 1977;196(4286):129–36.Avaiable from: https://globalization.anthro-seminars.net/wp-content/uploads/2016/11/Need-for-a-New-Medical-Model-A-Challenge-for-Biomedicine.pdf. Accessed April 7, 2020.

Psychological Assessment

Screen:

- Depression-PHQ
- Anxiety-GAD

History:

- History for behavioral health diagnosis
- Current treatment

Assessment:

- Can’t assume symptoms are behavioral or asthma/COPD ie panic/hypoxia
- May need referral for further assessment

Global Strategy for Asthma Management and Prevention (2022 update). Global Initiative for Asthma. Available from: https://ginasthma.org/gina-reports/. Accessed July 21,2022.

Social Determinates of Health (SDOH)

Screen for Social Determinates of Health

Explore with patient:

- Access-Many only fill prescriptions if the medication “works”. May not be receiving benefit of maintenance therapy.
- Cost-Medications may not be affordable or not covered by insurance
- Quality of care-May not feel heard or understood by care team.
- Living/working environment-May contain triggers

Removing Barriers to Equitable Asthma Care Webinar. Available from: https://primeinc.org/online/removing-barriers-equitable-asthma-care-evidence-based-actions-inclusive. Accessed June 20, 2022.

Literacy and Health Literacy

Any patient can have low health literacy

Explore with patient:

- What is your understanding of your asthma/COPD?
- How do you best learn-verbally, picture, videos, pamphlets, internet etc?

Removing Barriers to Equitable Asthma Care Webinar. Available from: https://primeinc.org/online/removing-barriers-equitable-asthma-care-evidence-based-actions-inclusive. Accessed June 20, 2022.

Low health literacy could be anyone
Global Strategy for Asthma Management and Prevention (2022 update). Global Initiative for Asthma. Available from: https://ginasthma.org/gina-reports/. Accessed July 21,2022.

Tips for health literacy

- Use plain language
- Simplify explanations
- Use pictures
- Avoid medical jargon but define important terms and meaning (ie Controller and Reliever)
- Culturally appropriate language

Removing Barriers to Equitable Asthma Care Webinar. Available from: https://primeinc.org/online/removing-barriers-equitable-asthma-care-evidence-based-actions-inclusive. Accessed June 20, 2022.

Cultural Awareness

Normalize that “many of us have cultural, religious, family values, traditions and considerations that are important to us.

What would you like me to know that is important to you as we work together?”

Removing Barriers to Equitable Asthma Care Webinar. Available from: https://primeinc.org/online/removing-barriers-equitable-asthma-care-evidence-based-actions-inclusive. Accessed June 20, 2022.

Conducting the Assessment

We increase patient engagement by listening to the patient's story

- Identify knowledge, skills, strengths, gaps and potential educational needs
- Use open ended questions such as:
  - What is your greatest concern? What do you hope for your health?
  - How do you manage your asthma/COPD from day to day?
  - Normalize-Many patients find their asthma/COPD medications challenging-What challenges have you had?
  - What medications are you taking, how and for what?
  - Who else sees you for your health?

The assessment conversation leads to creation of the plan of care

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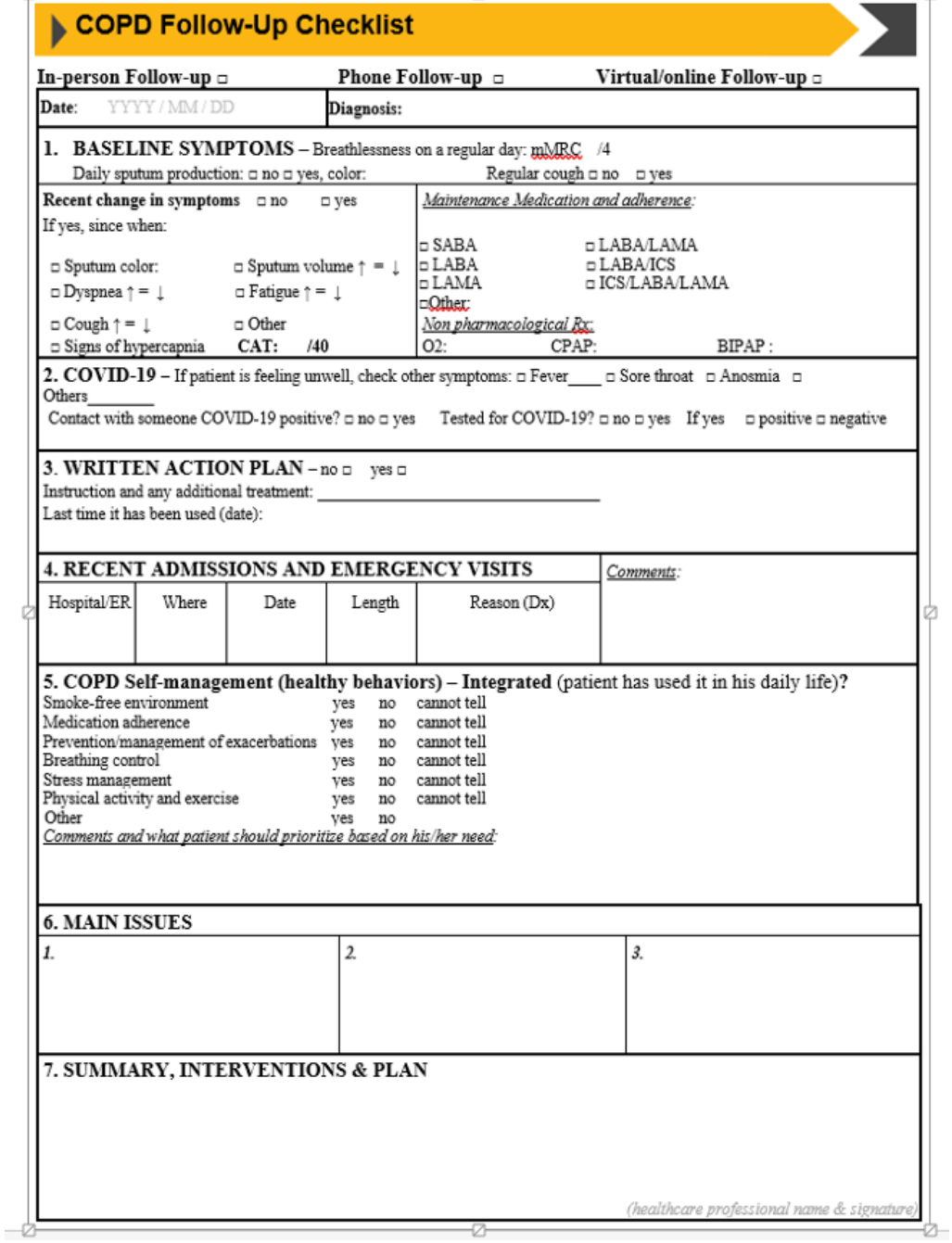
Know the template in your EMR such as a checklist and fill in information as the patient tells you their story



COPD Follow-Up Checklist

In-person Follow-up ◻ **Phone Follow-up** ◻ **Virtual/online Follow-up** ◻

Date: YYYY / MM / DD **Diagnosis:**

1. BASELINE SYMPTOMS – Breathlessness on a regular day: mMRC /4
Daily sputum production: ◻ no ◻ yes, color: Regular cough ◻ no ◻ yes

Recent change in symptoms ◻ no ◻ yes
If yes, since when:
◻ Sputum color: ◻ Sputum volume ↑ = ↓
◻ Dyspnea ↑ = ↓ ◻ Fatigue ↑ = ↓
◻ Cough ↑ = ↓ ◻ Other
◻ Signs of hypercapnia **CAT:** /40

Maintenance Medication and adherence:
◻ SABA ◻ LABA/LAMA
◻ LABA ◻ LABA/ICS
◻ LAMA ◻ ICS/LABA/LAMA
◻Other:
Non pharmacological Rx:
O2: CPAP: BIPAP :

2. COVID-19 – If patient is feeling unwell, check other symptoms: ◻ Fever____ ◻ Sore throat ◻ Anosmia ◻ Others_____
Contact with someone COVID-19 positive? ◻ no ◻ yes Tested for COVID-19? ◻ no ◻ yes If yes ◻ positive ◻ negative

3. WRITTEN ACTION PLAN – no ◻ yes ◻
Instruction and any additional treatment: _____
Last time it has been used (date):

4. RECENT ADMISSIONS AND EMERGENCY VISITS *Comments:*

Hospital/ER	Where	Date	Length	Reason (Dx)

5. COPD Self-management (healthy behaviors) – Integrated (patient has used it in his daily life)?

Smoke-free environment	yes	no	cannot tell
Medication adherence	yes	no	cannot tell
Prevention/management of exacerbations	yes	no	cannot tell
Breathing control	yes	no	cannot tell
Stress management	yes	no	cannot tell
Physical activity and exercise	yes	no	cannot tell
Other	yes	no	

Comments and what patient should prioritize based on his/her need:

6. MAIN ISSUES

1.	2.	3.

7. SUMMARY, INTERVENTIONS & PLAN

(healthcare professional name & signature)

Key items included in the Medical Assessment

Asthma

- Current symptoms and management
- Medications including demonstration of technique
- Triggers and current management:

Pet allergy	Cockroaches	Pollen
Rodents	Mold	Allergic Rhinitis
Dust mites	Irritants	Exercise
GERD	Obesity	Weather/Seasons
Upper respiratory infections		

- Use of Asthma Action Plan

COPD

- Current Symptoms and management
- Medications including demonstration technique
- Vaccines
- Smoking
- Symptoms of exacerbation
- Use of COPD Action Plan

Assessment

Biological – Psychological - Social

Asthma

Jade

- Psychological-PHQ=0 GAD=0
- SDOH=Home is old, a lot of carpeting. Supportive family
- Biological-SOB playing soccer
- Wakes up wheezing at night

COPD

Joe

- Psychological-PHQ=5 GAD= 3
- SDOH=widower living alone
- Too tired to deal with meals, doctor visits. Son and family are nearby.
- Biological-recently stopped smoking most of the time with occasional slips

Patient-Centered approach to information offering

- Explore: Ask what the patient knows, has heard or would like to know about….

How are you managing your asthma day to day?

- Offer: With permission offer information in a nonjudgmental way.

Would it be o.k. if I shared more about that?

- Explore: Ask the patient their thoughts, feelings and reactions to the information

Now that I've shared this, what are your thoughts?

Tips for enhancing information

Offering/Education

- Prioritize
- Chunk and check
- Teach back
- Return demonstration for correct technique

What patients need to know

Asthma

- What is Asthma?
- Role of meds
- How to take meds correctly
- Avoid/deal with triggers
- How to Self monitor
- Self Care
- When to seek medical care
- How to use an asthma action plan

COPD

- What is COPD?
- Role of meds
- How to take meds correctly
- Role of Smoking/Smoking cessation
- How to recognize exacerbation
- Self care:
  - Vaccines, energy conservation
  - Controlling stress, support groups, pulmonary rehab
- When to seek medical care
- How to use a COPD action plan

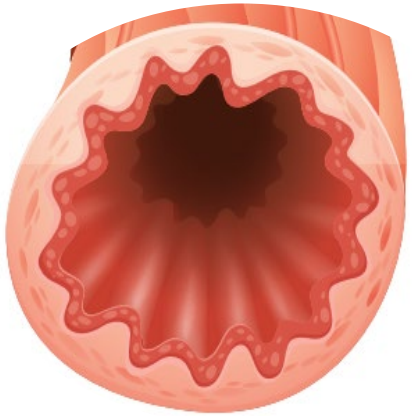
Global Strategy for Asthma Management and Prevention (2022 update). Global Initiative for Asthma. Available from: https://ginasthma.org/gina-reports/. Accessed July 21,202. …..

Diagnosis-What is Asthma?

Asthma is a Disease of the Airways in the Lungs

When asthma is **under control**,

- the airways are clear
- air flows easily in and out.



People with asthma can have normal, active lives when they learn to control their asthma

When asthma is **not under control**,

- the walls of the airways in the lungs are always thick and swollen
- an asthma attach can happen easily
- less air can get in and out of the lungs.
- People cough and wheeze
- the chest feels tight

Global Initiative for Asthma (GINA) GINA patient asthma guide: You can control your asthma. Available from : https://ginasthma.org/wp-content/uploads/2021/05/GINA-Patient-Guide-2021-copy.pdf. Accessed July 23, 2022

Diagnosis-What is COPD?

COPD is a group of lung diseases including emphysema and chronic bronchitis, or both — that block airflow in the lungs. This makes breathing difficult for people living with COPD.

- Emphysema: the walls between air sacs in the lungs are damaged.
- Chronic bronchitis: the lining of the airway stays constantly irritated and inflamed, causing thick mucus to form.

There is no cure for COPD but it can be controlled for improved Quality of life.

copdFoundation-What is COPD? Available from: https://www.copdfoundation.org/ Accessed August 2, 2022
CHEST Foundation-Allergy and Asthma Network. Living Well with COPD-Patient Education Guide. Available from: https://foundation.chestnet.org/wp-content/uploads/2020/05/Living-Well-With-COPD.pdf

Role of meds-What do they do?

Asthma

- Preventive medicines (“controllers”) protect the lungs & keep asthma attacks from starting. They reduce the swelling and mucus in the airways.
- Quick-relief medicines (“relievers”) are used to relieve asthma symptoms when they occur.
- Some inhalers contain both controller and reliever
- BE PREPARED. Always carry quick-relief asthma medicine when leaving home

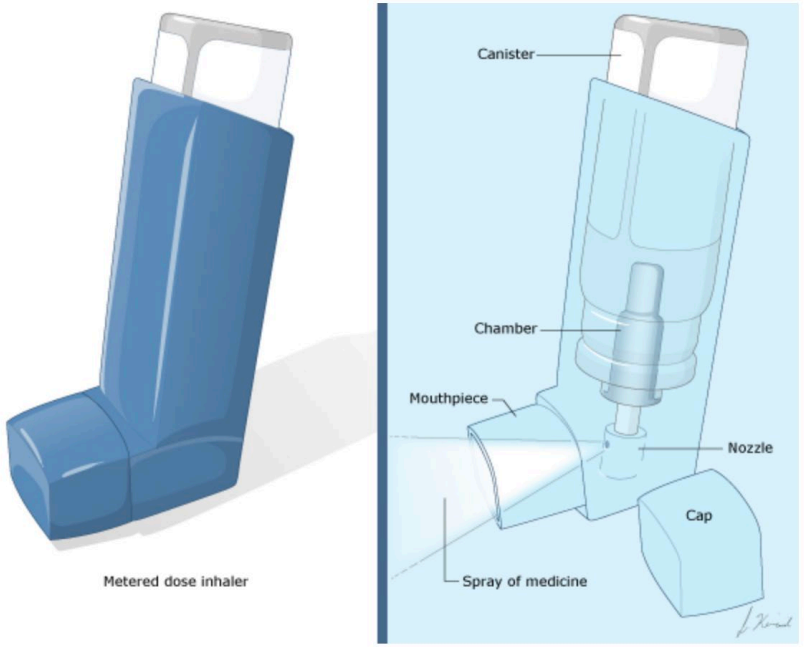
COPD

- Maintenance medications are taken regularly, often daily, whether or not there are symptoms. They work to control symptoms over time. These are used regularly to keep airways open.
- Quick-relief rescue medications are used when there are increased COPD symptoms or flare-ups. These offer quick relief when having shortness of breath (maintenance medications can be continued during flare-ups)

Metered Dose Inhalers (MDIs)

Tips and Clinical Pearls

- Priming necessary prior to first use
- Shake vigorously for 5 seconds before each use
- Slow, deep breath at the same time as the canister is pressed down
- Hold breath for 5-10 second prior to exhalation
- Clean mouthpiece at least weekly
- If no dose counter, counsel to refill at set intervals



Medicine is stored in the canister. When you press down on the top of the canister, the medicine travels through the dosing chamber and sprays out of the mouthpiece.

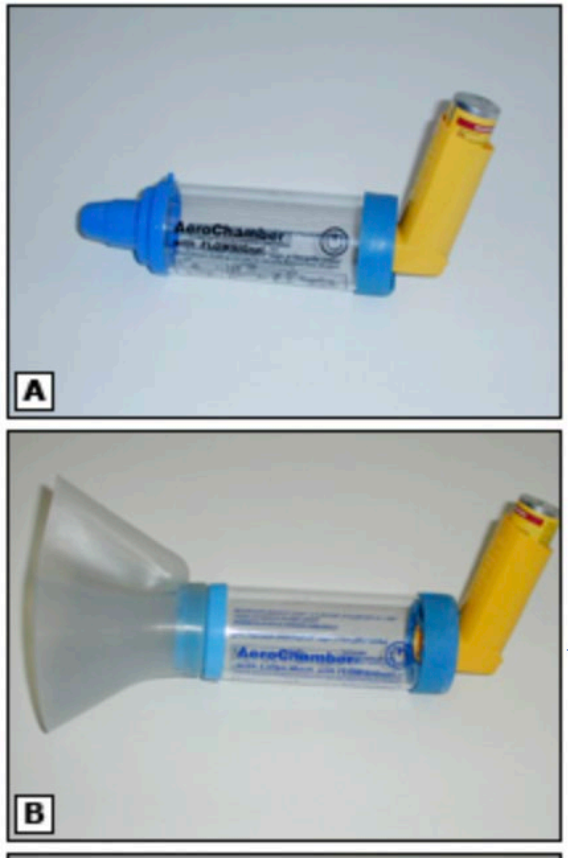
Graphic 61575 Version 6.0

Gerald LB and Chand R. Patient education: Inhaler techniques in adults (Beyond the Basics). In: UpToDate, Dieffenbach P (Ed), UpToDate, Waltham, MA, 2022.

Spacers

Brief Overview

- Recommended for use with MDIs
  - Improve drug delivery
  - Reduce side effects (e.g., thrush with inhaled corticosteroids)
- Proper technique is still key
  - One spray at a time
  - Inhale as soon as possible after actuation
- Clean every 1-2 weeks and air dry



AeroChamber spacer

AeroChamber spacer with face mask

Gerald LB and Chand R. Patient education: Inhaler techniques in adults (Beyond the Basics). In: UpToDate, Dieffenbach P (Ed), UpToDate, Waltham, MA, 2022.
Global Strategy for Asthma Management and Prevention (2022 update). Global Initiative for Asthma.

Dry Powder Inhalers (DPIs)

Tips and Clinical Pearls

- Close coordination of actuation plus inhalation unnecessary
- Inhalation must be more forceful than with MDI
- Exhaling into the device should be avoiding (can scatter medication)
- Come as multiple dose or single dose devices
- For inhalation – mouthpiece should be placed between the front teeth with lips sealed around it

- DPIs should NOT be washed with soap and water; the mouthpiece can be cleaned with a dry cloth

Gerald LB and Chand R. Patient education: Inhaler techniques in adults (Beyond the Basics). In: UpToDate, Dieffenbach P (Ed), UpToDate, Waltham, MA, 2022.
A Patient's Guide to Aerosol Medication Delivery. 3rd Edition. American Association for Respiratory Care. Available from: https://www.aarc.org/wp-content/uploads/2018/01/aerosol-guides-for-patients-3rd.pdf. Accessed July 11, 2022.

Soft Mist Inhalers (SMIs)

Tips and Clinical Pearls

- Release medication in a fine mist that comes out more slowly and lasts longer in the air than the aerosol produced by an MDI
- Dose counting advantages – dose counter built in, turns red when near empty, locks itself once all medication has been used
- Cartridges must be loaded into the inhaler
- Priming necessary before first use
- Clean once a week by wiping the mouthpiece with a clean, damp cloth

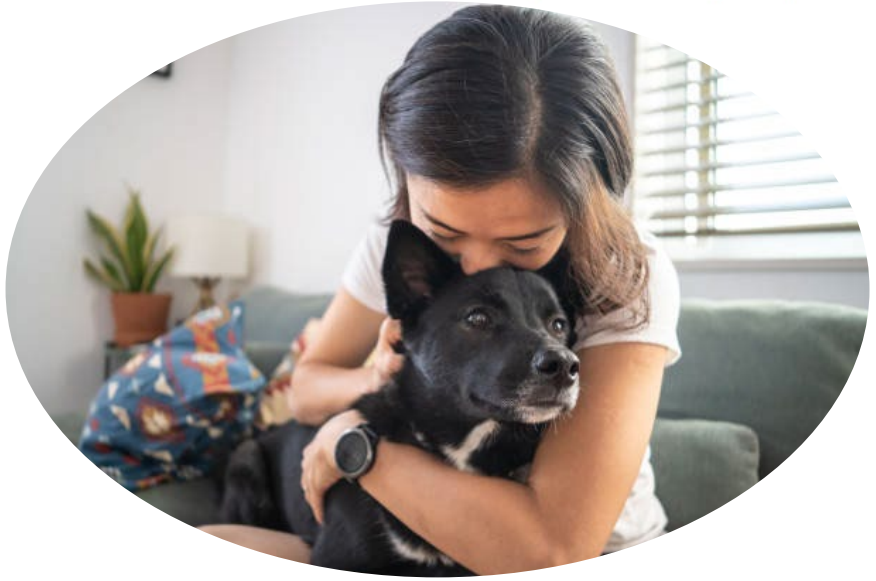
Gerald LB and Chand R. Patient education: Inhaler techniques in adults (Beyond the Basics). In: UpToDate, Dieffenbach P (Ed), UpToDate, Waltham, MA, 2022.

Many Things Can Start Asthma Attacks

This Things Are Called “Triggers”

Different people with asthma respond to different triggers.

Dealing with indoor asthma triggers

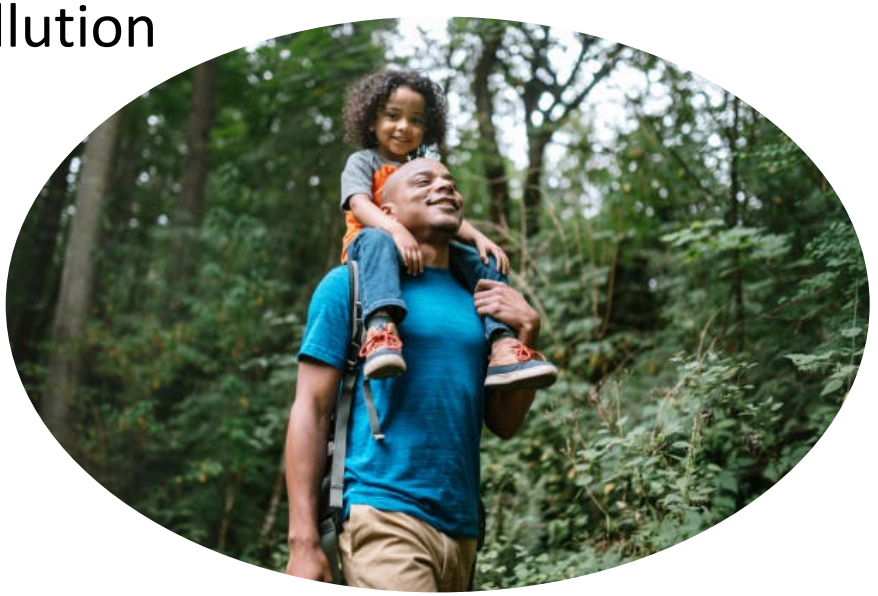


- **Pet allergies**-keep out of bedroom, outside
- **Rodents/Cockroaches-**common in urban areas. Caution-look for environmentally friendly exterminators.
- **Dust mites-** Encase mattress, pillow, boxspring, use HEPA filter, reduce dust-rich environment (ie carpet, upholstered furniture. Humidity less than 50%)
- **Irritants**-triggers inflammation. Avoid smoking, vaping and 2nd hand smoke, solvents, cleaners, perfumes, work-related

Michigan Asthma Resource kit-available from: https://getasthmahelp.org/mark-main.aspx. Asthma Environmental Triggerspdf Accessed July 31, 2022.

Dealing with outdoor asthma triggers

- **Pollen**-different plant at different times-stay inside, windows closed, air-conditioning, shower before bed
- **Mold**-dehumidifier, exhaust fans, avoid handling compost
- **Weather/Seasons**-cold air, hot and humid, wind, pollution



Michigan Asthma Resource kit-available from: https://getasthmahelp.org/mark-main.aspx. Asthma Environmental Triggerspdf Accessed July 31, 2022.

Dealing with exercise, comorbidities

- **Exercise**-breath more rapidly-airways respond to cold, dry air. May need to pre-medicate.
- **Allergic Rhinitis**-nose is part of the continuous respiratory system. Treatment may include nasal steroids.
- **Upper respiratory infections**-increased airway responsiveness. Treat, good nutrition, rest, flu shot, wash hands
- **GERD**-backs up into the esophagus-stimulates cough. If more symptoms at night this may be cause. Treat/Prevent
- **Obesity** –comorbidity, reduced fitness, synergistic effect-weight loss improves asthma

Michigan Asthma Resource kit-available from: https://getasthmahelp.org/mark-main.aspx. Asthma Environmental Triggerspdf Accessed July 31, 2022.

The Role of Smoking in COPD

Smoking cessation

- Quitting smoking — even after a COPD diagnosis — is the best thing a person can do for one's health.
- E-cigarettes are not approved by the FDA to help people quit smoking. E-cigarettes may contain chemicals including known carcinogens.

Smoking Cessation options:

- Take a quit smoking medication — this can double or triple the rate of success!
- Join a quit smoking group or one-on-one counseling.
- Get support from loved ones to stay smoke-free.
- Visit Smokefree.gov or call the Quit Line at 800-QUIT-NOW (800-784-8669)

COPD-https://www.nhlbi.nih.gov/health-topics/education-and-awareness/copd-learn-more-breathe-better "How do I help the person I'm caring for manage COPD?" Pg13

Self Care

Asthma

- Take medications as prescribed using correct technique. Keep on hand.
- Get exercise
- Avoid triggers
- Maintain healthy sleep environment
- See provider at least yearly and following any flare-ups
- Follow Asthma action plan

COPD

- Take medications as prescribed every day
- Get exercise
- Eat well
- Reduce stress
- Conserve energy and Control breathing
- Consider Pulmonary Rehab
- Get support from family, friends, and COPD Support groups
- See provider at least yearly and following any flare ups
- Follow COPD Action Plan

Global Initiative for Asthma (GINA) GINA patient asthma guide: You can control your asthma. Available from : https://ginasthma.org/wp-content/uploads/2021/05/GINA-Patient-Guide-2021-copy.pdf. Accessed July 23, 2022. .....

Self Monitoring

Asthma – Signs & Symptoms

- Keep track of symptoms such as tight chest, cough, wheezing, notice and take action, if necessary, when symptoms start to worsen.
- Peak flow monitoring may sometimes be useful (PEF-peak expiratory flow)
- Follow personalized asthma action plan

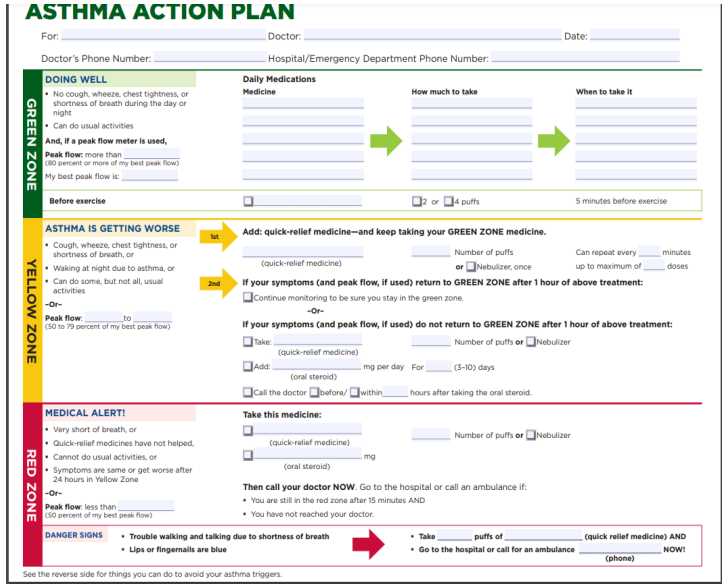
COPD – Signs & Symptoms

- Keep track of symptoms noticing a change or decline in baseline such as cough, sputum and shortness of breath.
- Follow personalized COPD action plan

Global Strategy for Asthma Management and Prevention (2022 update). Global Initiative for Asthma. Available from: https://ginasthma.org/gina-reports/. Accessed July 21,202. …..

Action Plans-Asthma, COPD

- Self monitor of symptoms
- Make short term changes if symptoms worsen
- When and how to access additional medical care



ASTHMA ACTION PLAN

For: _____ Doctor: _____ Date: _____

Doctor's Phone Number: _____ Hospital/Emergency Department Phone Number: _____

GREEN ZONE

DOING WELL

- No cough, wheeze, chest tightness, or shortness of breath during the day or night
- Can do usual activities

And, if a peak flow meter is used,

Peak flow: more than _____ (80 percent or more of my best peak flow)

My best peak flow is: _____

Daily Medications

Medicine	How much to take	When to take it
Before exercise	☐ _____	☐2 or ☐4 puffs — 5 minutes before exercise

YELLOW ZONE

ASTHMA IS GETTING WORSE

- Cough, wheeze, chest tightness, or shortness of breath, or
- Waking at night due to asthma, or
- Can do some, but not all, usual activities

-Or-

Peak flow: _____ to _____ (50 to 79 percent of my best peak flow)

1st Add: quick-relief medicine—and keep taking your GREEN ZONE medicine.

_____ (quick-relief medicine) — _____ Number of puffs or ☐Nebulizer, once — Can repeat every _____ minutes up to maximum of _____ doses

2nd If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment:

☐Continue monitoring to be sure you stay in the green zone.

-Or-

If your symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment:

☐Take: _____ (quick-relief medicine) — _____ Number of puffs or ☐Nebulizer

☐Add: _____ (oral steroid) — _____ mg per day For _____ (3–10) days

☐Call the doctor ☐before/ ☐within_____ hours after taking the oral steroid.

RED ZONE

MEDICAL ALERT!

- Very short of breath, or
- Quick-relief medicines have not helped,
- Cannot do usual activities, or
- Symptoms are same or get worse after 24 hours in Yellow Zone

-Or-

Peak flow: less than _____ (50 percent of my best peak flow)

Take this medicine:

☐_____ (quick-relief medicine) — _____ Number of puffs or ☐Nebulizer

☐_____ (oral steroid) — _____ mg

Then call your doctor NOW. Go to the hospital or call an ambulance if:

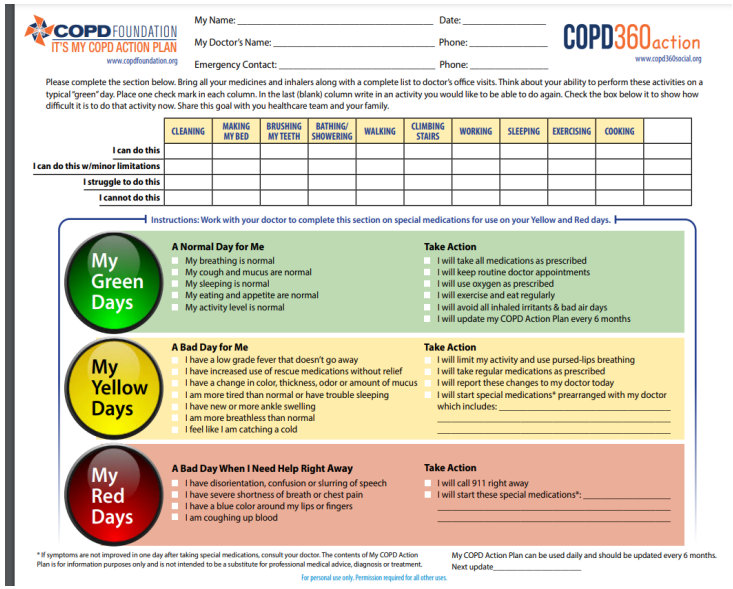
- You are still in the red zone after 15 minutes AND
- You have not reached your doctor.

DANGER SIGNS

- Trouble walking and talking due to shortness of breath
- Lips or fingernails are blue

- Take _____ puffs of _____ (quick relief medicine) AND
- Go to the hospital or call for an ambulance _____ (phone) NOW!

See the reverse side for things you can do to avoid your asthma triggers.



COPD FOUNDATION IT'S MY COPD ACTION PLAN www.copdfoundation.org

COPD360action www.copd360social.org

My Name: _____ Date: _____

My Doctor's Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Please complete the section below. Bring all your medicines and inhalers along with a complete list to doctor's office visits. Think about your ability to perform these activities on a typical "green" day. Place one check mark in each column. In the last (blank) column write in an activity you would like to be able to do again. Check the box below it to show how difficult it is to do that activity now. Share this goal with you healthcare team and your family.

	CLEANING	MAKING MY BED	BRUSHING MY TEETH	BATHING/ SHOWERING	WALKING	CLIMBING STAIRS	WORKING	SLEEPING	EXERCISING	COOKING	
I can do this											
I can do this w/minor limitations											
I struggle to do this											
I cannot do this											

Instructions: Work with your doctor to complete this section on special medications for use on your Yellow and Red days.

My Green Days

A Normal Day for Me
- My breathing is normal
- My cough and mucus are normal
- My sleeping is normal
- My eating and appetite are normal
- My activity level is normal

Take Action
- I will take all medications as prescribed
- I will keep routine doctor appointments
- I will use oxygen as prescribed
- I will exercise and eat regularly
- I will avoid all inhaled irritants & bad air days
- I will update my COPD Action Plan every 6 months

My Yellow Days

A Bad Day for Me
- I have a low grade fever that doesn't go away
- I have increased use of rescue medications without relief
- I have a change in color, thickness, odor or amount of mucus
- I am more tired than normal or have trouble sleeping
- I have new or more ankle swelling
- I am more breathless than normal
- I feel like I am catching a cold

Take Action
- I will limit my activity and use pursed-lips breathing
- I will take regular medications as prescribed
- I will report these changes to my doctor today
- I will start special medications* prearranged with my doctor which includes: _____

My Red Days

A Bad Day When I Need Help Right Away
- I have disorientation, confusion or slurring of speech
- I have severe shortness of breath or chest pain
- I have a blue color around my lips or fingers
- I am coughing up blood

Take Action
- I will call 911 right away
- I will start these special medications*: _____

* If symptoms are not improved in one day after taking special medications, consult your doctor. The contents of My COPD Action Plan is for information purposes only and is not intended to be a substitute for professional medical advice, diagnosis or treatment.

My COPD Action Plan can be used daily and should be updated every 6 months. Next update_____

Global Strategy for Asthma Management and Prevention (2022 update). Global Initiative for Asthma. Available from: https://ginasthma.org/gina-reports/. Accessed July 21,202. …..

ASTHMA ACTION PLAN

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Doctor's Phone Number: _____ Hospital/Emergency Department Phone Number: _____

GREEN ZONE

DOING WELL

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- Can do usual activities

And, if a peak flow meter is used,

Peak flow: more than _____
(80 percent or more of my best peak flow)

My best peak flow is: _____

Daily Medications

Medicine	How much to take	When to take it

Before exercise	☐ _____	☐2 or ☐4 puffs	5 minutes before exercise

YELLOW ZONE

ASTHMA IS GETTING WORSE

- Cough, wheeze, chest tightness, or shortness of breath, or
- Waking at night due to asthma, or
- Can do some, but not all, usual activities

-Or-

Peak flow: _____ to _____
(50 to 79 percent of my best peak flow)

1st

Add: quick-relief medicine—and keep taking your GREEN ZONE medicine.

_____ (quick-relief medicine) _____ Number of puffs **or** ☐Nebulizer, once

Can repeat every _____ minutes up to maximum of _____ doses

2nd

If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment:

☐Continue monitoring to be sure you stay in the green zone.

-Or-

If your symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment:

☐Take: _____ (quick-relief medicine) _____ Number of puffs **or** ☐Nebulizer

☐Add: _____ (oral steroid) mg per day For _____ (3–10) days

☐Call the doctor ☐before/ ☐within_____ hours after taking the oral steroid.

RED ZONE

MEDICAL ALERT!

- Very short of breath, or
- Quick-relief medicines have not helped,
- Cannot do usual activities, or
- Symptoms are same or get worse after 24 hours in Yellow Zone

-Or-

Peak flow: less than _____
(50 percent of my best peak flow)

Take this medicine:

☐_____ (quick-relief medicine) _____ Number of puffs **or** ☐Nebulizer

☐_____ (oral steroid) mg

Then call your doctor NOW. Go to the hospital or call an ambulance if:

- You are still in the red zone after 15 minutes AND
- You have not reached your doctor.

DANGER SIGNS

- **Trouble walking and talking due to shortness of breath**
- **Lips or fingernails are blue**

→

- **Take _____ puffs of _____ (quick relief medicine) AND**
- **Go to the hospital or call for an ambulance _____ (phone) NOW!**

See the reverse side for things you can do to avoid your asthma triggers.

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Michigan Asthma Resource kit-available from: https://getasthmahelp.org/mark-main.aspx. Asthma Environmental Triggerspdf Accessed July 31, 2022.

COPD FOUNDATION
IT'S MY COPD ACTION PLAN
www.copdfoundation.org

My Name: _____ Date: _____

My Doctor's Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

COPD360action
www.copd360social.org

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Please complete the section below. Bring all your medicines and inhalers along with a complete list to doctor's office visits. Think about your ability to perform these activities on a typical "green" day. Place one check mark in each column. In the last (blank) column write in an activity you would like to be able to do again. Check the box below it to show how difficult it is to do that activity now. Share this goal with you healthcare team and your family.

	CLEANING	MAKING MY BED	BRUSHING MY TEETH	BATHING/ SHOWERING	WALKING	CLIMBING STAIRS	WORKING	SLEEPING	EXERCISING	COOKING	
I can do this											
I can do this w/minor limitations											
I struggle to do this											
I cannot do this											

Instructions: Work with your doctor to complete this section on special medications for use on your Yellow and Red days.

My Green Days

A Normal Day for Me
- ☐ My breathing is normal
- ☐ My cough and mucus are normal
- ☐ My sleeping is normal
- ☐ My eating and appetite are normal
- ☐ My activity level is normal

Take Action
- ☐ I will take all medications as prescribed
- ☐ I will keep routine doctor appointments
- ☐ I will use oxygen as prescribed
- ☐ I will exercise and eat regularly
- ☐ I will avoid all inhaled irritants & bad air days
- ☐ I will update my COPD Action Plan every 6 months

My Yellow Days

A Bad Day for Me
- ☐ I have a low grade fever that doesn't go away
- ☐ I have increased use of rescue medications without relief
- ☐ I have a change in color, thickness, odor or amount of mucus
- ☐ I am more tired than normal or have trouble sleeping
- ☐ I have new or more ankle swelling
- ☐ I am more breathless than normal
- ☐ I feel like I am catching a cold

Take Action
- ☐ I will limit my activity and use pursed-lips breathing
- ☐ I will take regular medications as prescribed
- ☐ I will report these changes to my doctor today
- ☐ I will start special medications* prearranged with my doctor which includes: _____
  _____
  _____

My Red Days

A Bad Day When I Need Help Right Away
- ☐ I have disorientation, confusion or slurring of speech
- ☐ I have severe shortness of breath or chest pain
- ☐ I have a blue color around my lips or fingers
- ☐ I am coughing up blood

Take Action
- ☐ I will call 911 right away
- ☐ I will start these special medications*: _____
  _____
  _____

* If symptoms are not improved in one day after taking special medications, consult your doctor. The contents of My COPD Action Plan is for information purposes only and is not intended to be a substitute for professional medical advice, diagnosis or treatment.

My COPD Action Plan can be used daily and should be updated every 6 months.
Next update_____

Global Strategy for Asthma Management and Prevention (2022 update). Global Initiative for Asthma. Available from: https://ginasthma.org/gina-reports/. Accessed July 21,2022.

Self Management Action Plan

SMART Goals

S	M	A	R	T
Specific	Measurable	Attainable	Relevant	Time-Bound

- Start small to increase self efficacy

Readiness/Confidence Ruler

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SELF-MANAGEMENT ACTION PLAN

Patient Name:
Date:
Staff Name:
Staff Role:
Staff Contact Info:

Goal: *What is something you WANT to work on?*
1.
2.

Goal Description: *What am I going to do?*

How:

Where:

When:

Frequency:

How ready/confident am I to work on this goal? (Circle number below)
Not Ready 1 2 3 4 5 6 7 8 9 10 Very Ready

Challenges: *What are barriers that could get in the way & how will I overcome them?*
1.
2.
3.

What Supports do I need?
1.
2.
3.

Follow-up & Next Steps (Summary):
1.
2.
3.

Self Management Plan

Asthma

Jade

COPD

Joe

Desires education regarding:

- Meds (controller vs reliever)
- Exercise-pretreat
- Triggers-avoid
- Asthma Action Plan-medications
- Self Management Action Plan-patient goal “pretreat with medication before every soccer activity by keeping an inhaler in gym bag”

Desires education regarding:

- Meds
- Meals
- More energy
- COPD Action Plan
- Self Management Action Plan-patient goal “Eat small easy meals 3x/day and a snack”

Relapse Prevention

- How to maintain goals achieved
- Warning signs
- Coping skills
- Contacts

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Care Coordination

- Integration with other therapies
- Coordination of care across specialty care, facility-based care and community organizations

Monitor and Follow Up

Asthma

Jade

- no trips to Emergency room
- 2 instances in YELLOW zone- followed AAP med adjustments
- Pretreating before soccer
- Continue to monitor

COPD

Joe

- Refer to pulmonary rehab-learned pursed lipped breathing and energy conservation which helps some. Staff is concerned about the Heart Failure. Very little exercise tolerance.
- Referred to specialists-coordinating pulmonary and cardiology. Joe is really close to end stage and PCP has serious illness conversation with him

Monitor and Follow Up

Asthma and COPD

Agenda setting for follow up contacts:

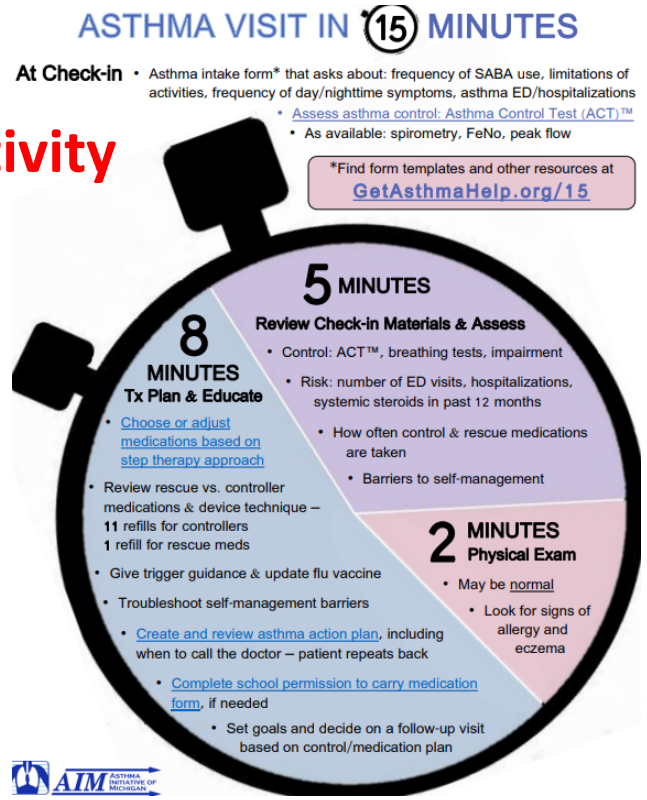
- Risk and Safety issues
- Changes in condition or care: new diagnosis, medication, results of all interventions and any appointments
- Treatment to target goals/trend
- Self-management abilities/support of goal accomplishment
- Anything on patient's mind today

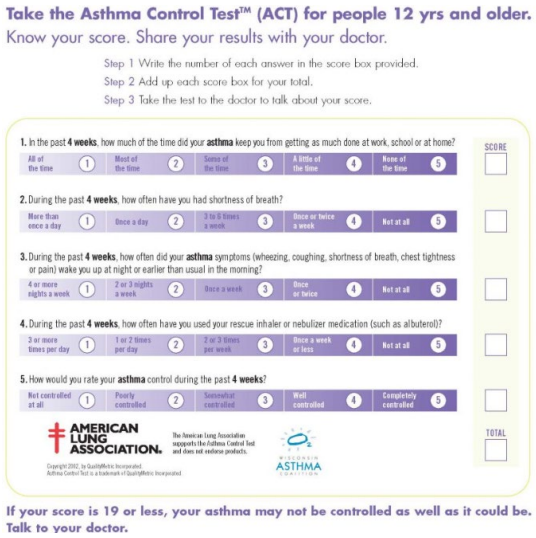
Schedule the next contact at conclusion of the visit

Frequency will depend on risk/safety and patient's ability to self manage

Asthma Follow up Planned office visits
at least annually and after flare ups

- **Treat to target: Good symptom control, maintain normal activity**
- **What's working and what isn't**
  - Asthma Control Test (ACT)
  - Current interventions
  - Comorbidities
  - Social/emotional needs
- **Treatment intensification**
  - Medication
  - Non-Pharmacologic strategies
- **Treatment Plan adjustment**

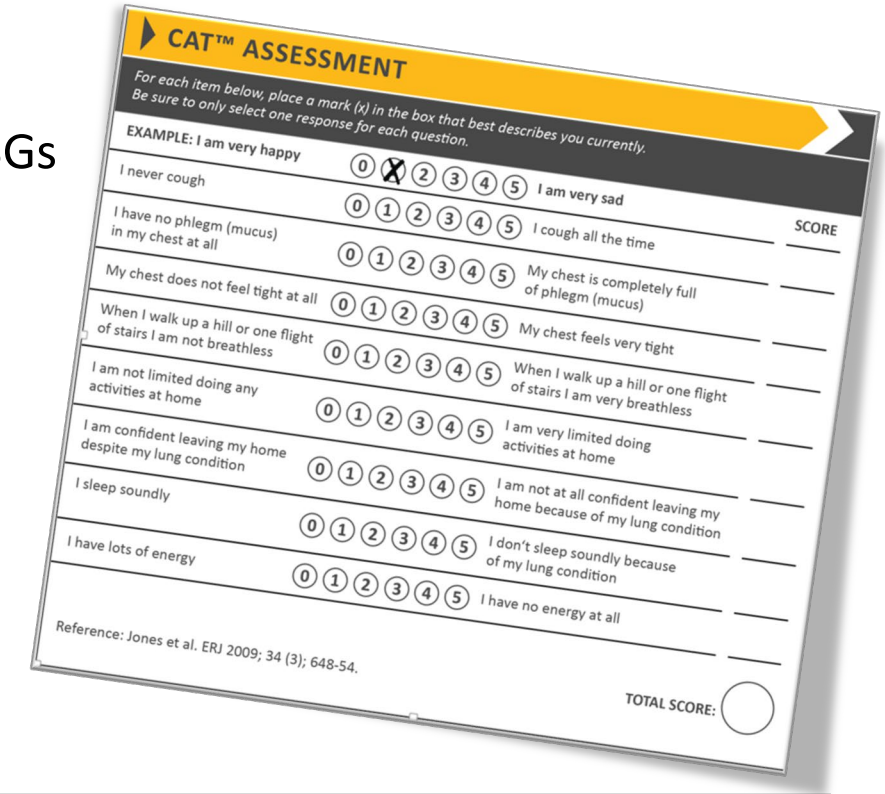




Global Strategy for Asthma Management and Prevention (2022 update). Global Initiative for Asthma. Available from: https://ginasthma.org/gina-reports/. Accessed July 21,2022.

COPD Follow up Planned office visits
at least annually

- **Treat to target-Good exercise tolerance and health status, prevention of disease progression**
- **What's working and what isn't**
  - Spirometry at least annually-consider functional capacity, ABGs
  - COPD assessment test (CAT)
- **Treatment intensification**
  - Medication
  - Smoking cessation
  - Pulmonary Rehab
  - Palliative care/Hospice
- **Treatment Plan adjustment**


CAT™ ASSESSMENT

For each item below, place a mark (x) in the box that best describes you currently. Be sure to only select one response for each question.

EXAMPLE: I am very happy	0 X 2 3 4 5	I am very sad
I never cough	0 1 2 3 4 5	I cough all the time
I have no phlegm (mucus) in my chest at all	0 1 2 3 4 5	My chest is completely full of phlegm (mucus)
My chest does not feel tight at all	0 1 2 3 4 5	My chest feels very tight
When I walk up a hill or one flight of stairs I am not breathless	0 1 2 3 4 5	When I walk up a hill or one flight of stairs I am very breathless
I am not limited doing any activities at home	0 1 2 3 4 5	I am very limited doing activities at home
I am confident leaving my home despite my lung condition	0 1 2 3 4 5	I am not at all confident leaving my home because of my lung condition
I sleep soundly	0 1 2 3 4 5	I don't sleep soundly because of my lung condition
I have lots of energy	0 1 2 3 4 5	I have no energy at all

SCORE

Reference: Jones et al. ERJ 2009; 34 (3); 648-54.

TOTAL SCORE:

Global Initiative for Chronic Obstructive Lung Disease (GOLD): 2022 GOLD Report. Available from: https://goldcopd.org/2022-gold-reports-2/. Accessed July 21, 2022

Case Closure

Team evaluates patient progress toward target Agreement between patient and care team on next steps Team evaluates opportunity for process improvement Return to usual care, other services, leave the door open

Asthma

Jade

Jade's case is closed and returns to usual care because she is an informed and activated patient

COPD

Joe

Joe's case is closed because he is being referred to Palliative care for symptom management of his end stage COPD and Heart Failure

Patient Resources

Asthma

Patient Guide (7 languages) - https://ginasthma.org/wp-content/uploads/2021/05/GINA-Patient-Guide-2021-copy.pdf

FAQ - https://ginasthma.org/about-us/faqs/

BetterBreather - https://www.nhlbi.nih.gov/LMBBasthma

Michigan Asthma Resource Kit - https://getasthmahelp.org/mark-main.aspx

https://www.lung.org/help-support/better-breathers-club

COPD

Patient booklet - https://foundation.chestnet.org/wp-content/uploads/2020/05/Living-Well-With-COPD.pdf

Better Breathers - https://www.nhlbi.nih.gov/node-general/about-learn-more-breathe-betterr-program

https://www.lung.org/help-support/better-breathers-club

COPD Resources - https://www.nhlbi.nih.gov/health-topics/education-and-awareness/copd-learn-more-breathe-better

Patient and health provider resources - https://www.copdfoundation.org/

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Clinician Resources

Sample Relapse prevention Plan:
https://www.miccsi.org/?s=relapse+prevention+plan

Sample Self Management action plan form:
https://www.miccsi.org/wp-content/uploads/2021/10/SIM-Action-Plan-Template-rev10.2021.pdf

Adult Asthma Control Test:
https://getasthmahelp.org/documents/ACT_AdultEng.pdf

COPD Assessment Test:
https://www.catestonline.org/patient-site-test-page-english.html

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Thank You

Please email Sue.Vos@miccsi.org with any questions.