

Exacerbation Plan

Work with your healthcare provider to develop a list of actions that matches your medical needs. Your healthcare provider may revise this list of actions and/or add actions that are not included on this form. This form is provided as an example.

Level	Symptoms	Actions
Level 1	✓ Any worsening from your baseline in the following: <ul style="list-style-type: none"> ○ More shortness of breath ○ More cough ○ Increased sputum amount or change in color ○ New wheezing or worsening of wheezing ○ Fever 	<input type="checkbox"/> Pursed lip breathing <input type="checkbox"/> Relaxation techniques <input type="checkbox"/> Decrease your exposure to things that worsen your breathing (such as weather changes, exercise, allergens and other triggers) <input type="checkbox"/> Increase use of your rescue inhaler (short-acting bronchodilator inhaler) <input type="checkbox"/> Start or increase use of steroid inhalers
Level 2	✓ Symptoms in Level 1 last for 48 hours or more and can include: <ul style="list-style-type: none"> ○ Using your inhaler or nebulizer more frequently to maintain breathing ○ Change in color, thickness, odor, or amount of sputum persists 	<input type="checkbox"/> Take an oral steroid pill temporarily (prescribed in advance and already in your medicine cabinet) Dose: _____ <input type="checkbox"/> Take an antibiotic if sputum changes in color (prescribed in advance and already in your medicine cabinet) <input type="checkbox"/> Call your healthcare provider under the following conditions: Healthcare Provider Name: _____ Healthcare Provider Telephone Number: _____
Level 3	✓ Any of the following: <ul style="list-style-type: none"> ○ Disorientation, confusion, slurring of speech, or sleepiness during an acute respiratory infection ○ Shortness of breath or wheezing does not stop or decrease with inhaled bronchodilator treatments, or you are requiring more frequent inhaler or nebulizer ○ Persistent fever 	<input type="checkbox"/> Call your healthcare provider immediately Healthcare Provider Name: _____ Healthcare Provider Telephone Number: _____
Level 4	✓ Loss of alertness <u>OR</u> two or more of the following: <ul style="list-style-type: none"> ○ Marked increase in intensity of symptoms, such as sudden development of resting dyspnea (shortness of breath) ○ Overuse of upper chest and neck muscles, also called your accessory muscles, to be able to breathe ○ Significant increase or decrease in respiratory rate ○ Significant increase in heart rate 	<input type="checkbox"/> Go immediately to the emergency room or call 911