

## Respiratory Action Plan Completion Guidelines

For health professionals working in Primary Care

### Purpose of the respiratory action plan

The NICE guidelines for COPD NG114(2018) state that those at risk of having an exacerbation of COPD should be provided with a self-management plan, which encourages them to respond promptly to the symptoms of exacerbation.

The main purpose of patients having a Respiratory Action Plan (RAP) is to help them to gain a better understanding and control of their condition along with guiding them to recognise when their symptoms are changing and what action they should take.

### Recommendations for the co-creation of a RAP

It is recommended that the plan is completed in partnership-between the patient and health care professional, and should involve their family members or carers (as appropriate).

#### Conversation hints and tips

#### Explain to patients:

*"...This is your COPD self-management plan/respiratory action plan...It will tell you how to manage your COPD flare ups..."*

*"...It uses a traffic light system-green when you are well, amber when you are feeling worse and red when you feel very ill/ symptoms are much worse and what actions to take..."*

*"...It is for you to refer to in a time of need and also provides for e.g. paramedics/GPs a baseline of how you are when you are well and indications that you may be developing a flare of your COPD/chest infection..."*

*"...the idea behind this plan is that you/those around you take immediate action if your condition changes with the aim of stopping your symptoms getting worse..."*

There are several steps involved in drawing up this plan with the patient as follows:

**Step one "When I Feel Well" (the green section):**

This will focus on the patient and health professional describing and understanding how things are when they are well and their usual; symptoms, oxygen saturations, levels of activity, respiratory medications, actions for chest clearance and presence of peripheral

WHEN I FEEL WELL

My symptoms are under control

**Breathlessness at rest**  1  2  3  4  5  6  7  8  9  10  
None Mild Moderate Severe

**I cough up sputum daily:** Yes  No  Amount of sputum cleared daily e.g. 1 teaspoon

**Colour of sputum** White  Grey  Pale yellow  Light green  Dark green

**Oxygen saturation %**  on air  on oxygen  l/min

**Swelling present** None  Feet  Ankles  Leg

**Usual level of activity**

**Usual medication**

**Usual:** Chest clearance  Breathing control  Exercise

oedema.

**Step 1: understanding when COPD is well controlled in the green section of the respiratory action plan:**

The green section of the plan is for the patient/carer to refer to when they feel well. It provides a baseline of what they are like when well and usual actions they would take.

Talk the patient through the green section:

–“...we have talked through what you are like when you are well...this is in the green section...for e.g. you are not breathless at rest, you do cough up sputum each day which is clear...”

**Step two "When I Feel Worse" (the amber section):** This will describe and understand how things are when their COPD is getting worse and the actions that the patients should take.

WHEN I FEEL WORSE

My symptoms are starting to change

**I have increased** Breathlessness  Cough/wheeze  Sputum  Discoloured sputum

**WHAT TO DO:**

**I'm more breathless** Increase reliever to  puffs, up to  times a day

My breathlessness has not improved within 24 hours: **start a course of steroids**

My sputum has changed colour for 24 hours or more: **start a course of antibiotics**

Chest clearance: **increase frequency of usual chest clearance**

**My rescue medication is:**

**Antibiotics**

**Steroids**

**Step 2: understanding when COPD is getting worse**

*The amber section of the plan is for the patient/other to refer to when the patient's condition is changing and provides actions to take.*

Talk the patient through the amber section:

“...this is when you are feeling worse and the possible symptoms you get when you have a flare of your COPD may include increased breathlessness, increased cough...” (And so on)...talk the patient through each one.

“...In the amber section it tells you what actions you can take...as an example if you woke up tomorrow and thought I can only walk half the distance I can do normally and I am more breathless then I can increase my reliever medication (e.g. Salbutamol)...

Explain to patients that if they feel more breathless they can increase their reliever medication for example to four puffs four times a day.

When talking through discoloured sputum show the patient the colour chart and advise patients they can use this as an indicator of what colour their sputum is along with what action to take.

The amber section clarifies when it would be appropriate to start antibiotics and/or steroids\*.

Colour of Sputum	Action to take
1	Antibiotics unlikely to be needed
2	Antibiotics unlikely to be needed
3	Antibiotics may be taken depending on normal colour of sputum
4	Antibiotics likely to be needed
5	Antibiotics likely to be needed

Explain during working hours for further advice contact

e.g. Local respiratory service /GP surgery. Patients under the respiratory service at University Hospitals of Derby and Burton (UHDB) can call the Lung-Line: [01332 788 225](tel:01332788225). Lines are open Monday to Sunday: 8:30am - 4:30pm

Advise if they do not improve they must contact a healthcare professional.

**Step three "When I Feel Very Ill" (the red section):** This section of the plan will describe and understand when the patients condition is worsening even though they have followed the actions in the amber section.

**WHEN I FEEL VERY ILL****My symptoms are much worse**

My symptoms are getting much worse even though I have followed the actions in the 'When I Feel Worse' section

**WHAT TO DO:****Speak to my GP or dial 111 if:**

I have increased or new swelling of my feet, ankles or legs and/or a fever

**Dial 999 for an ambulance if:** I am extremely short of breath, unable to complete a sentence, feel confused, drowsy or have unexpected, persistent or new chest pain

**Step 3: understanding when COPD is very bad**

Talk the patient through the red section:

"...Moving on to the red section...this is when your symptoms are getting much worse even though you have followed the actions in the amber box..."

Explain actions and give rationale for

e.g...."If you have a fever then contact your GP without delay as this may be a sign of pneumonia..."

During times out of hours advise patients to call out of hour's service (111)/local respiratory service (Patients under the respiratory service at University Hospitals of Derby and Burton (UHDB) can call the Lung-Line: [01332 788 225](tel:01332788225). Lines are open Monday to Sunday: 8:30am - 4:30pm)

Emphasise the times when they must call 999 immediately e.g. if they are unable to talk in full sentences

Reassure patients that often people find this is a lot of information to take in. Advise they read it in their own time and bring it to every consultation. Advise patients again - if you are unsure what to do the most important thing is to make contact with your local respiratory service/GP/111/999 etc.

The plan should be discussed/revisited during each interaction and updated as needed.

Follow up should include discussion of past exacerbations and how the patient used their action plan and managed flare ups.

If the health care professional is confident that the patient has a good understanding of the respiratory action plan then they should be considered for issue of a rescue pack of antibiotics and steroids\* to use in conjunction with this.

\*Where a steroid rescue pack has been used, please consider whether the patient requires a Steroid Emergency Alert Card to be issued. [When should I issue a steroid emergency alert card.pdf \(derbyshiremedicinesmanagement.nhs.uk\)](https://www.derbyshiremedicinesmanagement.nhs.uk/when-should-i-issue-a-steroid-emergency-alert-card.pdf)