

# CHRONIC OBSTRUCTIVE PULMONARY DISEASE (C.O.P.D.) Care Management Strategies

Resident: \_\_\_\_\_ Date: \_\_\_\_\_

For Concerns Call: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**GREEN: Baseline**  
Activity Tolerance: \_\_\_\_\_

Sleeping habits/needs: \_\_\_\_\_

O2 at \_\_\_\_\_

Acceptable Oximetry readings: \_\_\_\_\_ while on \_\_\_\_\_

Acceptable lung sounds: \_\_\_\_\_

Acceptable Respiratory rate: \_\_\_\_\_ Heart Rate: \_\_\_\_\_ Temp \_\_\_\_\_

Fluid/nutritional concerns: \_\_\_\_\_

**YELLOW: Notify PCP if**

SOB increases, sleeping patterns changes: \_\_\_\_\_

Cough worsens, more productive; sputum color changes

Respiratory rate exceeds: \_\_\_\_\_ Oximetry reading falls below: \_\_\_\_\_

Rapid and / or irregular pulse exceeds: \_\_\_\_\_

Chest pain with coughing

New wheezes or rales

New edema

Other Parameters: \_\_\_\_\_

**RED: NEED IMMEDIATE ACTION CALL DOCTOR/ CONSIDER 911**

Cyanosis (blue of hands, lips, toes)

Cool, pale, clammy

Using accessory muscles to breathe; minimal air exchange

Sense of impending doom.

Other observations requiring immediate action: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date \_\_\_\_\_