Checklist for better health

☐ Have regular lung tests. They can tell your doctor if your COPD is getting worse. A spirometry test measures how quickly your lungs can move the air in and out. A lung volume test measures how much air your lungs hold. Have these tests once a year, or as often as your doctor suggests.

☐ Don’t smoke. If you smoke, quitting is the most important thing you can do. It is never too late to quit. No matter how long you have smoked or how serious your COPD is, quitting smoking can help stop damage to your lungs.

☐ Have an action plan. Work with your doctor so you know what to do right away if your symptoms change. This is called an action plan. Your plan will tell you how to handle any symptom flare-ups you may have.

☐ Get a flu shot. Having COPD makes it more likely you’ll get the flu. The flu can make your COPD symptoms worse and can lead to pneumonia. Get a flu shot each year in the fall or at the beginning of each flu season.

☐ Get a pneumonia shot as advised by your doctor. Pneumonia can cause serious breathing problems, and you may need to stay in the hospital. Getting a pneumonia shot can help prevent pneumonia.

☐ Have a nutrition checkup. Losing too much weight or weighing too much can make it harder to manage your COPD. A dietitian can help you learn about healthier food choices and how to stay at a healthy weight.

☐ Be active. Physical activity can make your lungs stronger so you can do more. Talk to your doctor about what types of activity are right for you.

☐ Do pulmonary rehabilitation. A supervised program can help you with physical activity and breathing therapies.

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Breathe easier when you have the facts

You can make a difference in your health. Learning all you can about COPD will help you stay healthier. Use the information in this workbook to live better with COPD.

What is COPD?

COPD is chronic obstructive pulmonary disease. It is caused by damage to the lungs over many years, usually from exposure to tobacco smoke. Having COPD makes it very hard to breathe. COPD is often a mix of three diseases:

- **Chronic bronchitis.** In chronic bronchitis, the airways that carry air to the lungs—your bronchial tubes—get inflamed and make a lot of mucus. This can narrow or block your airways, making it hard to breathe.

- **Emphysema.** In a healthy person, the tiny air sacs in the lungs are like balloons. As you breathe in and out, these air sacs get bigger and smaller to move air through your lungs. But when you have emphysema, these air sacs are damaged and lose their stretch. Less air gets in and out of the lungs, which makes you feel short of breath.

- **Chronic asthma.** If you have had asthma for a long time, you also can develop COPD. This is especially true if your asthma is severe or has not been well controlled. You can develop COPD if your lungs have permanent damage from asthma attacks.

Your Symptoms

How well are you breathing?

<table>
<thead>
<tr>
<th>Grade</th>
<th>Rank your shortness of breath during activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>You have trouble breathing with hard exercise.</td>
</tr>
<tr>
<td>2</td>
<td>You are short of breath when hurrying or walking up a slight hill.</td>
</tr>
<tr>
<td>3</td>
<td>You walk slower on level ground than people your age because you’re out of breath, or you have to stop to catch your breath when you walk at your own pace.</td>
</tr>
<tr>
<td>4</td>
<td>You stop for breath after walking about 100 meters (a bit longer than a football field) or after a few minutes on level ground.</td>
</tr>
<tr>
<td>5</td>
<td>You are too short of breath to leave the house, or you are short of breath when dressing or undressing.</td>
</tr>
</tbody>
</table>

MRC scale adapted from:

COPD treatment

No treatment will cure COPD, but treatment can make you healthier and help control your symptoms.

Having regular checkups and tests is important. Ask your doctor what you need and how often you need it. Ask him or her to write down a schedule for you, and check to see if someone will call to remind you. Put the dates on your calendar.

Medicines for COPD

Medicines can help you breathe easier. Most of them are inhaled so they go straight to your lungs.

Some medicines are used every day to control your symptoms. Others are used only if you suddenly have severe shortness of breath and coughing.

Medicines are called short-acting if they are used to relieve symptoms right away. They generally last for several hours and start working within a few minutes.

These are short-acting medicines:
- Albuterol inhaler
- Ipratropium inhaler

Long-acting medicines

Your doctor may prescribe these medicines to control your symptoms. You also may use them to reduce the number of flare-ups you have.

For these medicines to work, take them every day or as often as your doctor tells you to, even if you are feeling okay.

These medicines are different than the short-acting medicines that you use only when you have symptoms.

A few examples are:
- Tiotropium dry-powder inhaler
- Salmeterol inhaler (disk)
- Inhaled corticosteroids

Tips for using inhaled medicines

Using your inhaler

- Talk with your doctor to be sure you are using the inhaler the right way. Practicing in front of a mirror may help.
- Make sure you have the correct medicine. If you use several inhalers, put a label on each one so you know which one to use at the right time.
- Check the label to see how many puffs are in the inhaler. When you know how many puffs it holds, compare that number to how many you take each day so you can get a new inhaler before you run out.

Ask your doctor or pharmacist to help you know how much medicine is left.

Using a spacer

Using a spacer with an inhaler is the best way to get the most medicine to your lungs.

Here is the correct way to use a spacer:

- Shake the inhaler and remove the cap. Place the mouthpiece of the inhaler into the spacer.
- Remove the cap from the spacer.
- Hold the inhaler upright with the mouthpiece at the bottom.
- Tilt your head back slightly, and breathe out slowly and completely.
- Put the spacer’s mouthpiece in your mouth.
- Press the inhaler to spray one puff of medicine into the spacer, and start breathing in slowly. Try to hold your breath for 10 seconds. This will let the medicine settle in your lungs.
- If you need to take a second dose, wait at least 30 seconds to allow the inhaler valve to reset.

Rinse your mouth out with water after use. Do not swallow the water. After each use, rinse the spacer, mouthpiece, cap, and case.

Although using an inhaler with a spacer usually is recommended, you also can use an inhaler without a spacer. Your doctor can show you how to do this correctly. Ask your doctor whether this option is right for you. If your inhaler is a dry powder type, do not use a spacer.
Oxygen therapy
At some point you may need oxygen therapy. By boosting the oxygen in your blood, this treatment helps you breathe easier and gives you more energy. It also may help you live longer and stay out of the hospital.

You can use oxygen while you move around and do daily tasks. You may breathe the oxygen through a flexible plastic tube in your nostrils, called a nasal cannula. Or you may use a face mask or a tube put into your windpipe.

The oxygen can be supplied in several ways. You can get an oxygen gas tank, liquid oxygen that comes in a small container, or an oxygen concentrator (for home use).

It is very important to use the oxygen just as your doctor tells you. Never increase or decrease the amount of oxygen you use unless your doctor tells you to. If you don’t use it enough or for as long as needed, it may not help you feel better and live longer.

Taking medicines safely
You may have many different medicines to keep track of, especially if you have other health problems.

Make a list of your medicines, and post it someplace where you will see it often. The list should include the name of each medicine, the dose, how often you take it and when, and any special instructions (such as whether you take it with meals or on an empty stomach). Include in your list any medicines you are allergic to.

Try using a weekly medicine organizer. You can buy an inexpensive plastic pillbox with a space to hold each day’s medicines. Be sure to keep at least one pill in each original bottle to help you identify the medicine. Label your inhalers if you use several different ones.

Drug interactions
Be sure to tell your doctor about all prescription medicines, nonprescription medicines, vitamins, herbs, and supplements you take. Some of them may be harmful if they are used together.

Bring all of your prescription and nonprescription medicines with you to each doctor’s visit so your doctor can review them.

Ask your doctor about any possible problems (called interactions) between some COPD medicines and other drugs.

Do NOT smoke or let anyone else smoke around oxygen. It could cause a fire.

Susie’s story
After she found out she had COPD, Susie lacked hope. She was scared and depressed, especially after reading a lot about COPD. She was sure she would die shortly.

But she found a Web site that said, “COPD is not a death sentence.” Those words motivated her to reach out to other people who have COPD.

She found new friends in online support groups. They knew exactly how she was feeling. They taught her positive ways to cope with her COPD. She learned tips that made everyday chores easier. She got advice on how to eat.

But most of all, her new friends gave her hope. That has allowed her to move forward, improve her health, and be active in her health care.

Depression and COPD
COPD is a chronic disease that does not go away with time. Depression is common in people with chronic diseases, but it often goes unnoticed. The link between depression and chronic disease is not well understood, but depression can be dangerous. Treatment can help you feel better and have better overall health.

Are you depressed?
You may think it’s normal to feel down or depressed all the time because you have COPD. But it’s not. You can get help to feel better.

If you are depressed, you may:

• Feel sad, worried, or “empty.”
• Feel guilty or worthless.
• Not enjoy things you used to enjoy.
• Feel hopeless, as though life is not worth living.
• Have trouble thinking or remembering.
• Have low energy, or not eat or sleep well.
• Have trouble sleeping.
• Pull away from others.
• Think often about death or killing yourself.

Call your doctor right away if you have at least three of these symptoms. Call if you have had one or two for more than 2 weeks. Or call if any of these symptoms make it hard for you to function normally. Counseling or medicine helps most people with depression. Often a combination of both works best. Counseling also can help you cope with having a long-term disease.
How does smoking cause COPD?
Over time, breathing tobacco smoke irritates your airways and destroys the stretchy fibers in your lungs.
If you smoke, you’ve probably heard many times that you need to quit. No one knows more than you do how hard it is to stop. But quitting is the most important thing you can do.
It’s never too late to quit.
No matter how long you have had COPD or how serious it is, quitting smoking will help slow the disease and improve your quality of life.
Giving up smoking is much harder than just changing a habit. Your body has to stop craving the nicotine. Using treatment can double your chances of quitting.

Duane’s story

Duane smoked up to two packs a day, all his life. He tried to quit many times but couldn’t. He was in his 60s when his lung collapsed. A surgeon removed part of his right lung, and from then on he needed oxygen to help him breathe.
Although it was “terrible to kick the habit,” he weighed quitting cigarettes against not being able to breathe or having his other lung collapse. He quit overnight.
Now, more than a decade later, he has to take it slow, but he walks as far and as often as he can. Exercise requires him to breathe deep and helps him get the congestion out of his lungs. He’s taken up crocheting to give him something to do with his hands—instead of using them to hold cigarettes. It keeps him from getting sidetracked, he says.

Try these steps to stop smoking

1. Get ready.
   - Choose a quit date that works for you. Do not try to quit during high-stress times.
   - Get rid of your cigarettes, ashtrays, and lighters. Clean your house and clothes to get rid of the smoke smell. Ask others not to smoke around you and not to leave cigarettes where you can find them.

2. Make a plan for quitting.
   - Decide what times are the hardest for you, such as when you are in a bad mood or are around others who smoke. Plan how you will handle your cravings during these times.
   - Change your routine. Avoid those things that make you reach for a cigarette.
   - Find ways to cope. For example, take a walk after dinner instead of having a cigarette.
   - Find ways to cut down on stress in the first few weeks after you quit.

3. Get support.
   - Ask for support and tips from loved ones or people who have quit.
   - Get counseling. The more counseling you get, the better your chances of quitting.
   - Join a support group for people who are trying to quit.
   - Find an Internet chat room for 24-hour support.

4. Use medicine and other products.
Medicines and nicotine replacement products reduce your craving and withdrawal symptoms. Studies show they may double your chances of quitting.
Talk to your doctor or a pharmacist about medicines and other products. Those usually tried first are:
   - Nicotine replacement. You can buy nicotine gum, patches, and lozenges without a prescription. Or your doctor can prescribe a nicotine inhaler or nasal spray. Some states offer free nicotine replacement therapy. If you are pregnant and are trying to quit, your doctor may want you to try other ways of quitting before you try a nicotine patch or other nicotine products.
   - Bupropion and varenicline. These prescription medicines have no nicotine. They help ease nicotine cravings and withdrawal symptoms.

5. Be prepared for relapse.
Starting smoking again is called relapse. To avoid this:
   - Stay close to your support system, such as your doctor, family, friends, and support group.
   - Learn to recognize times when you might relapse. Plan ahead to cope with those times and events.
   - Reward yourself. Quitting smoking is tough, and each small success deserves praise and some celebration.
   - Do not smoke at all. Not even a puff!
   - Do not give up, even if you do start to smoke again. Stop smoking again. Some people quit many times before they can do it for good.
Pat’s story

Walking her dog one cold spring day, Pat was having more trouble breathing than usual. She worried she was having a heart attack. It felt like someone was sitting on her chest.

After struggling to make it home, she thought she would get better. But she didn’t.

Two days later, she went to her doctor, who prescribed antibiotics and gave her a breathing treatment with a nebulizer. She realizes now that waiting could have been deadly, especially if her symptoms were a sign of a heart attack. Treatment made her feel a lot better.

What causes flare-ups?

A lung infection or air pollution can set off an exacerbation. Sometimes it can happen after a quick change in temperature or from being around chemicals. You may not always know the cause.

Work with your doctor to learn what causes your flare-ups. If you know things that cause you to have a flare-up, you may be able to prevent it.

What are the warning signs?

Your normal COPD symptoms suddenly get worse.

- You have more shortness of breath and wheezing.
- You have more coughing with or without mucus.
- You have a change in the color or amount of your mucus.
- You have a fever.
- You are not able to sleep, and you feel very tired.
- You are depressed or confused.

What should you do?

Follow the plan you and your doctor made for managing flare-ups. This set of directions is called an action plan (see next page). If you don’t have a plan, call your doctor if you start having a flare-up. At your next visit, talk to your doctor about making an action plan.

Call 911 if:

- You also are having chest pain.
- You feel like you can’t breathe at all (are suffocating).

Will you need treatment?

Treatment depends on how serious your symptoms are. You may go to your doctor or a clinic for treatment. Or you may have to go to the hospital.

- You may need corticosteroid pills for a short time.
- If you have a lung infection, you also may get antibiotics.
- If you have to go to the hospital, you may need a machine called a ventilator to help you breathe for a short time. This is used only if medicine does not help.
- You may get oxygen treatment.

Prevention

How can you prevent flare-ups?

Staying healthy and avoiding things that can set off flare-ups may help you prevent them.

- Stop smoking.
- Avoid colds and the flu. Get a flu shot each fall or at the beginning of flu season. Ask those you live or work with to do the same so they do not get the flu and infect you. If you must be around people with colds or the flu, wash your hands often.
- Avoid secondhand smoke, air pollution, cold or dry air, hot or humid air, and high altitudes. Stay at home with your windows closed when air pollution is bad.
- Avoid wood smoke, solvents and other chemicals, and pollen.
- Try to keep your home free of mold, dust mites and roaches, and pet hair.
- Avoid contact with a pet’s skin or saliva.
Your action plan

Ask your doctor about making an action plan for managing flare-ups. Your plan will give you steps to follow if you have a flare-up. Do not panic if you start to have one. Quick treatment at home may help you prevent serious breathing problems.

Keep your action plan where it is easy to find. Include your doctor’s daytime phone and emergency numbers. You also might include friends’ or family members’ numbers as well.

Give copies of your action plan and doctor’s numbers to neighbors, coworkers, or anyone else who might help you. Keep copies at home and in your purse or wallet. Be sure to update your plan each time you see your doctor and when your medicines change.

Tips for your home

- Use an air conditioner so you do not have to open windows.
- Use an air conditioner or air purifier with a special air (HEPA) filter.
- Make sure fumes from wood-burning stoves and gas ranges are vented well and that they have tight-fitting doors. Check flues and chimneys for cracks that could allow fumes into your house.
- Install a carbon monoxide detector in your home. Carbon monoxide is odorless and colorless. If you see orange or sputtering flames in your gas furnace or stove, you may have a problem with carbon monoxide.
- Do not mix cleaning products. Consider using natural cleaners, like vinegar, lemon juice, boric acid, and baking soda.
- Do not keep items for recycling in your home. Newspapers, rags, cans, or bottles can give off fumes.
- Make sure outdoor fresh-air intake vents for your heater and air conditioner are located above the ground. Make sure they are not close to sources of air pollution, such as cars and trucks.

See page 20 for an action plan form to fill out with your doctor.

Take good care of yourself

Good self-care can help you stay healthy. For example, getting regular physical activity, using special breathing techniques, and taking rest breaks during the day may help you feel better from day to day. Staying as healthy as possible is one of the best ways to take care of yourself.

Eating well

As your COPD progresses, it may be harder to prepare and eat meals. Eating enough is important because:

- Food gives you energy, including the energy you need to breathe. You need more energy to breathe than a person who doesn’t have COPD.
- Nutrients from food help strengthen your body’s natural defense system, making it easier to avoid infections.
- Being underweight may increase your chance of getting infections.

Here are some tips for making and eating meals:

- Make enough food so you can freeze some for future meals.
- Make food several hours before you eat. Then rest for an hour before eating.
- Eat 5 or 6 small meals instead of 2 or 3 large ones.
- Eat foods that are easy to digest and don’t cause gas.

Staying strong

Being at a healthy weight will help you manage your COPD. If you are too heavy, your body has to work harder to breathe. If you are too thin, your body is not getting enough nutrients and calories to stay as healthy as possible.

In this case, several things might be making it hard to stay at a healthy weight:

- Your body uses more energy and nutrients because you have to work hard to breathe.
- Your body needs more energy for physical activity.
- You may be less interested in food. This may be because you’re depressed, or some of your medicines may reduce your appetite.
- You may be getting less oxygen into your blood. This can prevent your body from using food properly.
- Your full stomach can press on your diaphragm, a large sheet of muscle that helps draw air into your lungs. This makes it harder to breathe, so you may be eating less.
- You may be too tired to eat or prepare meals.
Pulmonary rehabilitation programs

Has your doctor recommended a pulmonary rehabilitation program? With rehab, you can get help to stop smoking, try exercises to get your strength up, and learn tips for easier breathing. Pulmonary rehab can help you improve the quality of your life, reduce your symptoms, and be more active in your treatment.

Many different people—therapists, nurses, dietitians, and doctors—may be involved in your program. When you’ve learned the best exercises and therapies, you may be able to do many of them at home as part of your self-care.

Breathing tips

Because you have trouble breathing, you may take quick, short breaths. Breathing this way makes it harder to get air into your lungs. Learning how to control your breathing may help. Use these breathing exercises whenever you are more short of breath than usual. Also, use them if you’re in a stressful situation, which can make it hard to breathe.

Pursed-lip breathing may help you breathe more air out so that your next breath can be deeper. Breathe in through your nose and out through your mouth while almost closing your lips. Breathe in for about 4 seconds, and breathe out for 6 to 8 seconds. Pursed-lip breathing helps with shortness of breath and makes it easier to exercise.

Diaphragmatic (say “dy-uh-frug-MAT-ik”) breathing helps your lungs expand to take in more air.

- Lie on your back, or prop yourself up on several pillows. With one hand on your belly and the other on your chest, breathe in. Push your belly out as far as possible. You should feel the hand on your belly move out, while the hand on your chest should not move.
- When you breathe out, you should feel the hand on your belly move in.
- The goal is to practice this for 20 minutes, 2 or 3 times a day.
- When you are able to do diaphragmatic breathing well while lying down, you can learn to do it while sitting or standing.

Breathing while you bend forward at the waist can reduce shortness of breath while you are exercising or resting. Bending forward helps the diaphragm move more easily.

Home exercises

If you aren’t in a pulmonary rehab program, talk to your doctor about these exercises to make sure they are right for you. Start these exercises slowly. Keep track of how long you can do them, or count the number of times you can do them before you are a little out of breath. Then rest and move on to the next exercise. Each week, increase the amount of time you do them or how many you do.

Elbow breathing

- Sit with your feet slightly apart.
- Lift your elbows to shoulder level, and touch your fingertips in front of your chest.
- Breathe in as you pull your elbows back so that your fingertips separate.
- Breathe out as you return your elbows and fingertips to the starting position.

Elbow circles

- Sit or stand with your feet slightly apart.
- Place your hands on your shoulders with your elbows at shoulder level and pointing out.
- Slowly make circles with your elbows.
- Breathe out as you start the circle, and breathe in as you complete the circle.
**Knee extensions**
- Sit in a chair with your feet slightly apart.
- Breathe out as you straighten your knee and raise your leg.
- Breathe in as you bend your knee and return your foot to the floor.

**Leg lifts**
- Sit in a chair with your feet slightly apart.
- Breathe out as you lift one leg straight up so that the knee rises toward your shoulder.
- Breathe in as you return your foot to the floor.

**Step-ups**
- Start on a flight of stairs with a banister to hold.
- Breathe out as you take one step up.
- Breathe in as you step back down.
**Beta₂-agonists**

These medicines open your airways to make it easier to breathe. You can use them for flare-ups, for milder symptoms, or before exercise. They usually are inhaled.

The short-acting medicines last 4 to 6 hours, and they start working within 5 minutes. Examples include:

- Albuterol.
- Metaproterenol.
- Pirbuterol.
- Levalbuterol.

The long-acting medicines work for at least 12 hours. Examples include:

- Formoterol.
- Salmeterol.

Formoterol starts working within 5 minutes.

Salmeterol takes about 30 minutes.

Taking formoterol or salmeterol may increase your chance of having a fatal asthma attack. If your wheezing gets worse after you take these medicines, call your doctor right away.

**Anticholinergic medicines**

These medicines relax and enlarge the airways in your lungs. They also may reduce mucus. You take these every day for your ongoing symptoms.

- Ipratropium is a short-acting medicine that works for 6 to 9 hours. It comes in an inhaler or nebulizer.
- Tiotropium is a long-acting medicine that works for 24 hours or more. It may be more convenient, but it is more expensive. You inhale this medicine as a dry powder.

Side effects include a mild cough, a dry mouth, and constipation. In rare cases, ipratropium has caused eye problems. Call your doctor right away if you have pain or redness in one or both eyes or if your vision is “misty” after you use the medicine. Stop taking the medicine.

**Methylxanthines**

You may take these medicines if other medicines haven’t helped. You also may take them for flare-ups or trouble breathing at night. Examples include:

- Theophylline.
- Aminophylline.

Theophylline may cause serious side effects. It may react with antibiotics, antacids, or other medicines. Some of the more common side effects of these medicines include:

- An upset stomach.
- Heartburn (which could cause more trouble with breathing).
- Trouble sleeping.
- A headache.
- Nervousness.
- Rapid breathing.

You may be able to reduce these side effects by avoiding caffeine. More serious side effects can include:

- Nausea and vomiting.
- Seizures.
- Low blood sugar.
- Uneven heartbeat.

If you take theophylline, you need to have regular blood tests.

**Steroid medicines**

Steroid medicines (also called corticosteroids) reduce swelling and mucus in your airways. You can inhale these medicines or take them as a pill or syrup. They are used to manage flare-ups and can be used if your symptoms are not controlled by other medicines.

**Oral steroids** may be pills or syrups. They mostly are used during a flare-up, especially if you have a lot of mucus. They include:

- Prednisone.
- Methylprednisolone.
- Prednisolone.

If you use oral steroids, you may have side effects such as:

- Weight gain and swelling from fluid buildup.
- Mood changes.
- Higher blood sugar.
- High blood pressure.

**Call 911 now if you take steroids and:**

- You vomit blood or what looks like coffee grounds.
- You pass maroon or very bloody stools.

**Call your doctor if you take steroids and:**

- Your ankles or feet swell.
- Your face gets puffy.
- You gain a lot of weight.
- You have a sore throat.
- You have a fever that will not go away.
- Your vision changes.
- Your mood is unusual and you are uncomfortable.

**Inhaled steroids** are either a mist or dry powder. Examples include:

- Beclomethasone.
- Flunisolide.
- Budesonide.
- Fluticasone.
- Triamcinolone.
- Mometasone.

Side effects include a sore mouth or sore throat, changes in your voice, and a mouth or throat infection called thrush.

To help prevent thrush, rinse your mouth after you use the inhaler. Call your doctor if you have thick, white patches in your mouth or throat, or if you have pain when you eat or swallow.
**My action plan form**  Treatment and medicines

Use this form to create your action plan. Give copies of it to neighbors, coworkers, or anyone else who might help you. Keep copies at home and in your purse or wallet. Update your plan each time you see your doctor and whenever your medicines change.

My name, address, and phone:

My doctor’s name, address, and phone:

Emergency contact name and phone:

What to do if my symptoms get worse:

I am allergic to these medicines:

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<th>If I have these symptoms:</th>
<th>I need this medicine (type and name):</th>
<th>I take this much, up to this maximum dose:</th>
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Notes and contacts

The information contained in this material is provided for educational purposes only, and shall not constitute medical advice. Please consult your doctor for specific medical advice before taking any medications and before beginning any lifestyle program. While we are providing you with this information, neither organization endorses the other or takes responsibility for the other's printed materials or products, and any references to commonly used brand-name medications or products are for example purposes only—they should not be construed as endorsements.