



# Acute Exacerbation of Chronic Obstructive Pulmonary Disease (AECOPD) Admission Adult Discharge Management Plan

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

**Bring this Management Plan with you to your next visit**

**Nutrition**  
 Dietitian referral  No  Yes ► Phone \_\_\_\_\_

**Medication**  
 Prescription  No  Yes  
 Discharge medication list faxed to community pharmacy  
 No  Yes  
*(Talk to your doctor or pharmacist before taking any non-prescription or herbal medicines)*

**What you need to know**

Inhaler technique: Be sure to use your inhaler properly

Review COPD patient education handouts. Be able to demonstrate:  
 Breathing Techniques: Pursed-lip breathing, breathing with your diaphragm, breathing while bending forward at the waist

Available supports to help reduce tobacco use if appropriate.

Activity:  No restrictions  No strenuous  Gradual increase  
 - Practice breathing and coughing techniques to help when you feel short of breath  
 - Use body positions and energy conserving methods to help prevent feeling short of breath

Driving:  No restrictions  No valid license  Do not drive  Do not drive for \_\_\_\_\_ weeks

Work:  No restrictions  Do not go back to work for \_\_\_\_\_ weeks

Follow-up	Location	Phone number	Date <i>(dd-Mon-yyyy)</i>	Time <i>(hh:mm)</i>
Primary Care Provider <i>(within 14 days of discharge)</i>				
Pulmonary Rehabilitation <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> N/A				
Obtain Influenza and/or pneumococcal vaccines at pharmacy, primary care provider or health clinic if needed				

Reviewed above content with patient/family/caregiver and copy of form provided

Health Care Provider <i>(Last Name, First Name)</i>	Designation	Initial
---	-------------	---------

Signature	Date <i>(dd-Mon-yyyy)</i>
-----------	---------------------------