

HOME HEALTH AGENCY NAME Self Management Plan for Respiratory Disease

Name: _____

Date: _____

Green Zone = “All Clear” - No shortness of breath - No need to use your rescue inhalers - No decrease in your ability to maintain normal activity level	Green Zone Means: - Your symptoms are under control - Continue taking your medications - Continue using your inhalers and / or nebulizers - Keep your Home Care Nurse appointments - Keep physician appointments
Yellow Zone = “Caution” If you have any of the following signs or symptoms - Increased shortness of breath, which is relieved with fifteen minutes of rest - Increased cough and / or your mucus changes in color, consistency or amount - Increased shortness of breath with activity - Increased tiredness without any reason - Irritability, confusion and / or headaches - Increased number of pillows needed to sleep or need to sleep in a chair - You have a temperature of 100.5° or greater	Yellow Zone Means: - Your symptoms indicate that you may need an adjustment in your medications and / or treatments - You may have a Respiratory infection - Call your Home Health Nurse and/or your physician <u>HOME HEALTH AGENCY NAME</u> 24 hour phone number is: XXX-XXXX Primary MD: _____ Phone Number: _____ <i>(Please notify your Home Care Nurse if you contact or go see your MD)</i>
Red Zone = “Medical Alert” - Unrelieved shortness of breath even after taking your medication and treatments - Increased confusion - Wheezing or chest tightness at rest - You have trouble walking - Mental changes - You have trouble staying awake - Your lips or fingernails are blue or gray	Red Zone Means: <i>Call 911 Immediately</i> Primary MD: _____ Phone Number: _____ <u>Home Health Agency</u> 24 hour phone number is: XXX-XXXX <i>(Please notify your Home Care Nurse if you go to the emergency room or are hospitalized)</i>

Disclaimer / Note: This list does not include all possible symptoms. Please call your doctor if you have any other symptoms that are severe or concern you.