

Name: _____	Hospital Number: _____
Date: _____	DOB: _____

This plan is for people who are going home after coming to hospital with a 'flare up' or 'exacerbation' of COPD (Chronic obstructive pulmonary disease)

**We want to make sure that you can manage safely at home.
 Before you go home you should go through this list with the discharge nurse and be able to tick all of the boxes.
 If there are any gaps, ask the nurse to help you with them.**

	Tick Here
You should feel able to use your inhalers, and other medications including steroids properly.	
The nurses have actually watched you use your inhalers, and spacer if appropriate, to make sure that you are doing it correctly.	
The benefits of pulmonary rehabilitation have been explained to you and you have been offered the chance to take part in a course if appropriate.	
If you are a smoker you should have been offered assistance to quit.	
You should know what the plan for your follow up care is.	
You should have received written information explaining about COPD.	

Once you are home

- Hopefully your condition will improve steadily. If you feel that you are getting worse or that your breathing is disturbing your sleep then get in touch with your GP or community COPD team promptly.
 GP number: _____
- If you are on a course of antibiotics or steroids it is important to complete them even though you may feel better.
- You should have a follow up appointment within a few weeks of going home to review your care.
- Somebody from the hospital or the community team should be in touch in the first few days after you go home to see that you are getting on OK.
 Tick if you **do not** want to receive this phone call

My phone number is: _____ **Preferred time to call:** _____

Health Professional (Print and Signature): _____ Patient Name: _____
 _____ Patient Signature: _____