

Patient Action Plan Template

# My Management Plan

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| General Information | | | | | | |
| Name: | | | | Phone: | | |
| Emergency contact name: | | | | Phone: | | |
| Primary care provider name: | | | | Phone: | | |
| Care coordinator name: | | | | Phone:  E-mail: | | |
| My Conditions | | | | | | |
| ❑ COPD ❑ Diabetes ❑ Congestive Heart Failure ❑ Hypertension ❑ Other: | | | | | | |
| My Medications | | | | | | |
| Name | Description | How Much to Take | | | When to Take | |
|  |  |  | | |  | |
|  |  |  | | |  | |
|  |  |  | | |  | |
|  |  |  | | |  | |
|  |  |  | | |  | |
| My health goals and how I will achieve my health goals: | | My confidence in meeting goals:  Not 1 2 3 4 5 6 7 8 9 10 Very  Confident Confident | | | | |
| * Take my medications: | | | | | |  |
| * Improve my food choices: | | | | | |  |
| * Reduce my stress: | | | | | |  |
| * Cut down on smoking: | | | | | |  |
| * Cut down on drinking: | | | | | |  |
| * Get more physically active: | | | | | |  |
| * Check my weight: | | | | | |  |
| * Check my blood pressure: | | | | | |  |
| * Check my blood sugar: | | | | | |  |
| * Use my inhaler: | | | | | |  |
| * Improve my sleep: | | | | | |  |
| * Work on something that’s bothering me: | | | | | |  |
| * See my doctor: | | | | | |  |
| * Get a flu shot: | | | | | |  |
| * Other: | | | | | |  |
| My Next Appointments | | | | | | |
| Date/Time: | With: | | Agenda: | | | |
| Date/Time: | With: | | Agenda: | | | |
| Date/Time: | With: | | Agenda: | | | |
| Follow up with my care coordinator | | | | | | |
| Preferred way: ❑ Call ❑ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Text \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Next check-in date/time: | | | Agenda: | | | |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Care coordinator :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# My Action Plan[[1]](#endnote-1)

Use this list of symptoms to take specific actions if your symptoms change. The list may not include every symptom you have. Be sure to add anything you think is different, as you may experience other symptoms.

|  |  |  |
| --- | --- | --- |
| Symptoms | Action | Medications |
| I am well today:  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Lifestyle tips:  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Continue taking:  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I do not feel well:  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | What to do:  ❑ Call your care coordinator:  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_*  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Continue usual medications  Start the following medications:  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Emergency:  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Get help now:  ❑ Call your doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ Call 911 if individual is unresponsive  ❑ Provide this plan to responders and describe symptoms | |

Patient Action Plan [Example]

The following is an ***example*** of a patient-completed Patient Action Plan. Note that to keep the form simple to use, the CC needs to guide the patient through it. The result may be misspelled words or vague responses. The CC should use judgment in how much help to offer. For example, it may be necessary to list the medications and what they look like for the patient as he recites which drug he is taking (or has with him), but have the patient confirm what each medication looks like and document how much to take and when. As long as the information is sufficiently accurate for the patient to follow, it is acceptable. Most important, have the patient document his goals.

*In this example:*

* The CC reviews the patient’s health record prior to the visit and determines that the patient has COPD and hypertension (although the CC doesn’t check these off for the patient but asks the patient to do so). If the CC confirms the patient is not diabetic, the action step “check my blood sugar” can be removed. It may also have been determined, for instance, that the patient does not smoke, so “cut down on smoking” has been removed. However, due to the importance of not smoking and avoiding smoky places, it could have been changed to “avoid smoky places.”
* It appears that the patient is very confident about taking medication. Unless proven otherwise in subsequent checking with the patient, the CC may consider that a met goal.
* Note that this patient with COPD is a little less confident about using the inhaler – perhaps he is reluctant to do so too often. This should be a follow-up item for the CC to watch.
* When asking the patient about whether he has had an annual flu shot, the CC should also check into other applicable vaccinations. For example, persons with COPD should be sure to get annual flu shots, and pneumovax every ten years. The CC should check on this and notify the primary care provider. As a result of this interaction with the patient, the patient appears confident that he will get a “newmofax” (pneumovax) at the next visit with his PCP.
* It appears that “Mary” will take the patient to appointments but there is not a high confidence level that she will. Determine if “Mary” is the spouse or someone else. Pursue this further to determine if more reliable transportation is needed; add that task to the CCC Patient Plan.
* The least confident step for the patient appears to be improving food choices. Perhaps on suggestions from the CC, the patient has agreed to eat low sodium soup and use lemon juice instead of salt. Pursue this further to determine what the patient’s actual diet consists of, whether a nutritionist should be in touch with the patient, and whether there are issues with meal preparation, cost of food, etc. Identify whatever barriers exist and document what steps the CC will take to help the patient on the CCC Patient Plan.
* It appears that the patient cannot recall the name of the respiratory therapist. Again, to be motivational – as long as it appears that the patient clearly understands who this is and what the purpose is, it should not be cause for concern (except to ensure the patient gets to his appointment). The CC can check into this and document it on the CCC Patient Plan if applicable.
* In preparation, the CC has modified the Action Plan side (*page 2*) to reflect both COPD and hypertension issues. As noted above and depending on the patient’s current condition, the patient could also be asked to keep a health diary.

***EXAMPLE*: My Management Plan** (*page 1*)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| General Information | | | | | | |
| Name: Sam Adams | | | | Phone: 111-555-1234 | | |
| Emergency contact name: Mrs. Adams | | | | Phone: Same | | |
| Primary care provider name: Dr. Beaver | | | | Phone: 111-555-3737 | | |
| Care coordinator name: Jane Hands | | | | Phone: 111-555-9876  E-mail: jhand@organization.org | | |
| My Conditions | | | | | | |
| 🗹 COPD ❑ Diabetes ❑ Congestive Heart Failure 🗹 Hypertension ❑ Other: | | | | | | |
| My Medications | | | | | | |
| Name | Description | How Much to Take | | | When to Take | |
| XXXX | Inhaler | YYY puffs | | | ZZZZ | |
| AAAAA | Large white pill | 1 | | | Breakfast | |
| BBB | Yellow pill | 3 | | | B-L-D | |
| CCCCCCCCCCC | Pink liquid | 1 tsp | | | When I need it | |
| DDDDDD | Small white pill | 1 | | | Bedtime | |
|  |  |  | | |  | |
| My health goals and how I will achieve my health goals: | | My confidence in meeting goals:  Not 1 2 3 4 5 6 7 8 9 10 Very Confident Confident | | | | |
| 🗹 Take my medications: | | | | | | 10 |
| 🗹 Improve my food choices: Low salt soop, lemmen | | | | | | 5 |
| ❑ Reduce my stress: | | | | | |  |
| ❑ Cut down on drinking: | | | | | |  |
| ❑ Get more physically active: | | | | | |  |
| ❑ Check my weight: | | | | | |  |
| ❑ Check my blood pressure: | | | | | |  |
| 🗹 Use my inhaler: | | | | | | 9 |
| ❑ Improve my sleep: | | | | | |  |
| ❑ Work on something that’s bothering me: | | | | | |  |
| 🗹 Go to my appointments: Mary offered to take me | | | | | | 6 |
| 🗹 Get a flu shot: Newmofax | | | | | | 9 |
| ❑ Other: | | | | | |  |
| My next appointments: | | | | | | |
| Date/Time: Tue | With: Dr. Beaver | | Agenda: checkup | | | |
| Date/Time: March 17 | With: Dr. Square | | Agenda: check my heart | | | |
| Date/Time: Tue | With: Therapy Lady | | Agenda: how to breath | | | |
| Follow up with my care coordinator: | | | | | | |
| Preferred way: 🗹 Call ❑ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Text \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Next check-in date/time: Wed at 10 in the morning | | | Agenda: Vist with Dr. Beaver | | | |

Signed: Sam Adams Date: 10/18/20xx Care Coordinator: Jane Hands

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***EXAMPLE: My Action Plan*** (*page 2*)

The following list of symptoms is not comprehensive, and you may experience other symptoms.

|  |  |  |
| --- | --- | --- |
| Symptoms | Action | Medications |
| I am well today:  ❑ Usual activity  ❑ Usual amount of coughing  ❑ Sleep well  ❑ Good appetite | Lifestyle tips:  🗹 Take all medications  🗹 Use oxygen as prescribed  🗹 Continue breathing exercises  🗹 Avoid smoky places  🗹 Limit salt  🗹 Report any weight gain of  more than 3 lbs in a day | Continue taking:  🗹 XXXX  🗹 AAAAA  🗹 BBB  🗹 CCCCCCCCCCC  🗹 DDDDDD |
| I do not feel well:  ❑ More breathless  ❑ More/colored mucus  ❑ Tired/not hungry  ❑ Ankles swollen  ❑ Gained 3 or more lbs | What to do:  🗹 Call your care coordinator:  Jane Hands  Phone: 111-555-9876 | Continue usual medications  Start the following medications:  🗹 Use inhaler every n hours  🗹 Take EEEEE  🗹 Use pursed lip breathing |
| Emergency:  ❑ Severe shortness of breath  ❑ Fever or shaking chills  ❑ Confused, unsteady, drowsy  ❑ Coughing up blood  ❑ Tightness in chest at rest  ❑ Gained more than 5 lbs | Get help now:  ❑ Call your doctor immediately: Dr. Beaver  Phone: 111-555-3737  ❑ Call 911 if individual is unresponsive  ❑ Provide this plan to responders and describe symptoms | |

# Action Steps for COPD[[2]](#endnote-2)

|  |  |  |
| --- | --- | --- |
| Symptoms | Action | Medications |
| I am doing well today:   * Usual activity and exercise level * Usual amounts of cough and phlegm/mucus * Sleep well at night * Appetite is good | Lifestyle tips:   * Use oxygen as prescribed * Continue regular exercise/ diet plan * At all time avoid cigarette smoke, inhaled irritants   ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Continue taking:  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I do not feel well:   * More breathless than usual * I have less energy for my daily activities * Increased or thicker phlegm/mucus * Using quick relief inhaler/ nebulizer more often * Swelling of ankles more than usual * More coughing than usual * I feel like I have a “chest cold” * Poor sleep and my symptoms woke me up * My appetitie is not good * My medicine is not helpling | What to do:   * Use oxygen as prescribed * Get plenty of rest * Use pursed lip breathing * At all times avoid cigarette smoke, inhaled irritants * Call your care coordinator:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: *\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_   * Call your doctor immediately if symptoms don’t improve:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Continue usual medications   * Use quick relief inhaler every \_\_\_ hours   Start the following medications:  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Emergency:   * Severe shortness of breath at rest * Not able to do any activity because of breathing * Not able to sleep because of breathing * Fever or shaking chills * Chest pains * Coughing up blood | Get help now:   * Call your doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Call 911 if individual is unresponsive * Provide this plan to responders and describe symptoms | |

Action Steps for CHF[[3]](#endnote-3)

|  |  |  |
| --- | --- | --- |
| Symptoms | Action | Medications |
| I am doing well today:   * No shortness of breath * No chest pain * No swelling * No weight gain | Lifestyle tips:   * Balance activity with rest * Avoid smoking and alcohol * Eat low-fat, low-sodium, high-fiber foods * Weigh yourself every morning on the same scale with the same amount of clothes | Continue taking:  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I do not feel well:   * Increasingly short of breath * Increased swelling in ankes, legs, or feet * Weight gain of 2-3 lbs in a day, or 5 or more lbs in a week * Frequent cough * Need for more pillows to sleep * Feeling more tired and sad | What to do:   * Call your care coordinator:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Call your doctor:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Continue usual medications  Start the following medications:  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Emergency:   * Shortness of breath that won’t go away at rest * Wheezing * Chest discomfort (pain, heaviness, tightness) that won’t go away * Experiencing confusion or dizziness * Profuse sweating * Coughing up pin / frothy sputum * Fast heart beat | Get help now:   * Call your doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Call 911 if individual is unresponsive * Provide this plan to responders and describe symptoms | |

Action Steps for Type 2 Diabetes[[4]](#endnote-4)

|  |  |  |
| --- | --- | --- |
| Symptoms | Action | Medications |
| I am doing well today:   * Average blood sugars between 80 and 150 * Most fasting blood sugars between 80 and 120 * No decrease in normal activity | Lifestyle tips:   * Continue routine blood monitoring * Continue to follow your diet and activity levels * Be active for at least 30 min. a day * Reduce stress through deep breathing, meditation, relaxation exercises * Keep all doctor appointments * Continue to have your A1c measured every 3 – 6 months | Continue taking:  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I do not feel well:   * Average blood sugars between 150 and 250 * Most fasting blood sugars over 150 * Two or more blood sugar readings less than 70 in past week * Difficulty maintaining normal activities * Nausea, not able to keep food down or eat normally | What to do:   * Call your care coordinator:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Your symptoms may mean you need an adjustment in your medications   * Call your doctor:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Emergency:   * Average blood sugars are above 250 * Most fasting blood sugars greater than 200 * wo or more blood sugar readings less than 60 in past week * Unable to stay awake even during the day | Get help now:   * Call your doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Call 911 if individual is unresponsive * Provide this plan to responders and describe symptoms | |

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1. **References**

   Heart Failure: Taking Care of Yourself, Kaiser Permanente. Available at: <https://healthy.kaiserpermanente.org/static/health/pdfs/heart_health/nat_heart_failure_care_for_self.pdf> [↑](#endnote-ref-1)
2. As recommended by the American Lung Association: <http://action.lung.org/site/DocServer/action-management-plan.pdf> [↑](#endnote-ref-2)
3. Compiled from Blue Cross Blue Shield New York CHF Action Plan. Available at: <https://securews.bcbswny.com/web/content/dam/BCBSWNY/PDF/Congestive%20Heart%20Failure%20Action%20Plan.pdf> [↑](#endnote-ref-3)
4. Compiled from: Coleman, MT and KS Newton (2005). Supporting Self-management in Patients with Chronic Illness. American Family Physicians, 72(8):1503-10. Available at: <http://www.aafp.org/afp/2005/1015/p1503.html>

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