

BRONCHIECTASIS ACTION PLAN

Patient name: _____

Date of plan: _____

Doctors phone: _____

Physiotherapists Ph: _____

When you are feeling well: Sputum quantity: _____ Sputum colour: _____ Fluid intake: _____**Action:** Take routine prescribed medications, perform your daily airway clearance and exercise routine , drink fluids as prescribed, eat a well-balanced diet, have your annual flu vaccination, see your GP as required.

Airway clearance routine: _____

Exercise routine: _____

Regular medications as prescribed:

Name	Dose	How often

If you have 3 or more of these symptoms: Increased sputum, change in colour of sputum, new or increased blood in sputum, increased coughing, fever, sweats, increased tiredness, increased shortness of breath, increased sinus discharge

Action: Commence antibiotics or visit your GP (take a sputum sample collected before commencing antibiotics), increase airway clearance (see below), increase fluid intake, exercise as able

Extra medication when unwell:

Name	Dose	How often

Airway clearance routine: _____

When you are very unwell: Coughing up a lot of blood, very short of breath, high fever, chest pain

Contact your doctor immediately or, if necessary dial 000. Rest. Clear your airways if possible.