

# Asthma Action Plan



## General Information:

■ Name \_\_\_\_\_  
■ Emergency contact \_\_\_\_\_ Phone numbers \_\_\_\_\_  
■ Physician/healthcare provider \_\_\_\_\_ Phone numbers \_\_\_\_\_  
■ Physician signature \_\_\_\_\_ Date \_\_\_\_\_

Severity Classification	Triggers	Exercise
<input type="radio"/> Intermittent <input type="radio"/> Moderate Persistent <input type="radio"/> Mild Persistent <input type="radio"/> Severe Persistent	<input type="radio"/> Colds <input type="radio"/> Smoke <input type="radio"/> Weather <input type="radio"/> Exercise <input type="radio"/> Dust <input type="radio"/> Air Pollution <input type="radio"/> Animals <input type="radio"/> Food <input type="radio"/> Other _____	1. Premedication (how much and when) _____ 2. Exercise modifications _____

Green Zone: Doing Well	Peak Flow Meter Personal Best =												
<b>Symptoms</b> ■ Breathing is good ■ No cough or wheeze ■ Can work and play ■ Sleeps well at night	<b>Control Medications:</b> <table border="1"><thead><tr><th>Medicine</th><th>How Much to Take</th><th>When to Take It</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>	Medicine	How Much to Take	When to Take It	_____	_____	_____	_____	_____	_____	_____	_____	_____
Medicine	How Much to Take	When to Take It											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											
<b>Peak Flow Meter</b> More than 80% of personal best or _____													

Yellow Zone: Getting Worse	Contact physician if using quick relief more than 2 times per week.												
<b>Symptoms</b> ■ Some problems breathing ■ Cough, wheeze, or chest tight ■ Problems working or playing ■ Wake at night	<b>Continue control medicines and add:</b> <table border="1"><thead><tr><th>Medicine</th><th>How Much to Take</th><th>When to Take It</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>	Medicine	How Much to Take	When to Take It	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____											
_____	_____	_____											
_____	_____	_____											
<b>Peak Flow Meter</b> Between 50% and 80% of personal best or _____ to _____	<b>IF your symptoms (and peak flow, if used) return to Green Zone after one hour of the quick-relief treatment, THEN</b> <input type="radio"/> Take quick-relief medication every 4 hours for 1 to 2 days. <input type="radio"/> Change your long-term control medicine by _____ <input type="radio"/> Contact your physician for follow-up care.												
	<b>IF your symptoms (and peak flow, if used) DO NOT return to Green Zone after one hour of the quick-relief treatment, THEN</b> <input type="radio"/> Take quick-relief treatment again. <input type="radio"/> Change your long-term control medicine by _____ <input type="radio"/> Call your physician/Healthcare provider within _____ hour(s) of modifying your medication routine.												

Red Zone: Medical Alert	Ambulance/Emergency Phone Number:												
<b>Symptoms</b> ■ Lots of problems breathing ■ Cannot work or play ■ Getting worse instead of better ■ Medicine is not helping	<b>Continue control medicines and add:</b> <table border="1"><thead><tr><th>Medicine</th><th>How Much to Take</th><th>When to Take It</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>	Medicine	How Much to Take	When to Take It	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____											
_____	_____	_____											
_____	_____	_____											
<b>Peak Flow Meter</b> Less than 50% of personal best or _____ to _____	<b>Go to the hospital or call for an ambulance if:</b> <input type="radio"/> Still in the red zone after 15 minutes. <input type="radio"/> You have not been able to reach your physician/healthcare provider for help. <input type="radio"/> _____												
	<b>Call an ambulance immediately if the following danger signs are present:</b> <input type="radio"/> Trouble walking/talking due to shortness of breath. <input type="radio"/> Lips or fingernails are blue.												