

# 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 =

### Symptoms

- ☐ Breathing is good
- ☐ No cough or wheeze
- ☐ Can work and play
- ☐ Sleeps well at night

### Peak Flow Meter

More than 80% of personal best or \_\_\_\_\_

### Control Medications:

Medicine	How Much to Take	When to Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Yellow Zone: Getting Worse

## Contact physician if using quick relief more than 2 times per week.

### Symptoms

- ☐ Some problems breathing
- ☐ Cough, wheeze, or chest tight
- ☐ Problems working or playing
- ☐ Wake at night

### Peak Flow Meter

Between 50% and 80% of personal best or \_\_\_\_\_ to \_\_\_\_\_

### Continue control medicines and add:

Medicine	How Much to Take	When to Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

### IF your symptoms (and peak flow, if used) return to Green Zone after one hour of the quick-relief treatment, THEN

- ☐ Take quick-relief medication every 4 hours for 1 to 2 days.
- ☐ Change your long-term control medicine by \_\_\_\_\_
- ☐ Contact your physician for follow-up care.

### IF your symptoms (and peak flow, if used) DO NOT return to Green Zone after one hour of the quick-relief treatment, THEN

- ☐ Take quick-relief treatment again.
- ☐ Change your long-term control medicine by \_\_\_\_\_
- ☐ Call your physician/Healthcare provider within \_\_\_\_\_ hour(s) of modifying your medication routine.

## Red Zone: Medical Alert

## Ambulance/Emergency Phone Number:

### Symptoms

- ☐ Lots of problems breathing
- ☐ Cannot work or play
- ☐ Getting worse instead of better
- ☐ Medicine is not helping

### Peak Flow Meter

Less than 50% of personal best or \_\_\_\_\_ to \_\_\_\_\_

### Continue control medicines and add:

Medicine	How Much to Take	When to Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Go to the hospital or call for an ambulance if:

- ☐ Still in the red zone after 15 minutes.
- ☐ You have not been able to reach your physician/healthcare provider for help.
- ☐ \_\_\_\_\_

### Call an ambulance immediately if the following danger signs are present:

- ☐ Trouble walking/talking due to shortness of breath.
- ☐ Lips or fingernails are blue.