Asthma Action Plan



General Information: Name ■ Emergency contact ____ Phone numbers Physician/healthcare provider Phone numbers Physician signature Severity Classification Triggers Exercise O Intermittent O Moderate Persistent O Colds O Smoke O Weather Premedication (how much and when) O Mild Persistent O Severe Persistent O Exercise O Dust O Air Pollution O Animals O Food Exercise modifications O Other Green Zone: Doing Well Peak Flow Meter Personal Best = **Control Medications:** Symptoms Breathing is good Medicine How Much to Take When to Take It No cough or wheeze Can work and play Sleeps well at night Peak Flow Meter More than 80% of personal best or _____ Contact physician if using quick relief more than 2 times per week. Yellow Zone: Getting Worse Continue control medicines and add: Symptoms ■ Some problems breathing Medicine How Much to Take When to Take It Cough, wheeze, or chest tight Problems working or playing Wake at night IF your symptoms (and peak flow, if used) IF your symptoms (and peak flow, if used) Peak Flow Meter return to Green Zone after one hour of the DO NOT return to Green Zone after one Between 50% and 80% of personal best or hour of the quick-relief treatment, THEN quick-relief treatment, THEN _____ to ____ O Take quick-relief treatment again. O Take quick-relief medication every O Change your long-term control medicine by 4 hours for 1 to 2 days. O Change your long-term control medicine by O Call your physician/Healthcare provider within ____ hour(s) of modifying your O Contact your physician for follow-up care. medication routine. Red Zone: Medical Alert Ambulance/Emergency Phone Number: Continue control medicines and add: Symptoms Lots of problems breathing How Much to Take When to Take It Medicine Cannot work or play Getting worse instead of better ■ Medicine is not helping **Peak Flow Meter** Go to the hospital or call for an ambulance if: Call an ambulance immediately if the Less than 50% of personal best or following danger signs are present: O Still in the red zone after 15 minutes. _____ to ____ O Trouble walking/talking due to shortness O You have not been able to reach your of breath. physician/healthcare provider for help.

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O Lips or fingernails are blue.