Asthma Action Plan



General Information: ■ Name ___ ■ Emergency contact _____ Phone numbers _____ ■ Physician/healthcare provider____ Phone numbers _____ Physician signature ____ Exercise Severity Classification Triggers 1. Premedication (how much and when) ____ O Colds O Smoke O Weather Intermittent Moderate Persistent O Mild Persistent O Severe Persistent O Exercise O Dust Air Pollution 2. Exercise modifications O Animals O Food O Other _____ Peak Flow Meter Personal Best = Green Zone: Doing Well **Control Medications: Symptoms** Breathing is good When to Take It How Much to Take Medicine 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 When to Take It How Much to Take Medicine ■ 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** DO NOT return to Green Zone after one return to Green Zone after one hour of the 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. **Ambulance/Emergency Phone Number:** Red Zone: Medical Alert 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 Go to the hospital or call for an ambulance if: Call an ambulance immediately if the **Peak Flow Meter** following danger signs are present: Less than 50% of personal best or O Still in the red zone after 15 minutes. O Trouble walking/talking due to shortness _____ to ____ O You have not been able to reach your of breath.

physician/healthcare provider for help.

O _____

O Lips or fingernails are blue.