

Asthma Action Plan

Name _____ DOB _____
 Provider _____ Phone _____
 Emergency Contact _____ Date _____



GREEN - Doing Well

No Symptoms

YELLOW - Getting Worse

Add or Increase Medicines

RED - Medical Alert

Get Help from a Doctor Now

TRIGGERS	Seasons That Bother My Asthma	EXERCISE
<input type="checkbox"/> Colds <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Dust Mites <input type="checkbox"/> Mold <input type="checkbox"/> Animals <input type="checkbox"/> Pollen <input type="checkbox"/> Strong Smells <input type="checkbox"/> Exercise <input type="checkbox"/> Weather Changes	<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Summer <input type="checkbox"/> Winter Get Flu Shot Every Fall	Take Quick Relief Medicine, if needed, 15 minutes before exercise: <input type="checkbox"/> Albuterol <input type="checkbox"/> Xopenex _____ _____

GREEN ZONE: Doing Well Take your CONTROL MEDICINE EVERY DAY Contact provider if using quick relief medicine more than 2 times per week			
No Symptoms • Breathing is good • No cough or wheeze • Can work and play • Sleep all night Peak Flow Number _____ to _____ (80-100% of Personal Best)	<u>Control Medicines</u>	<u>How Much To Take</u>	<u>When To Take</u>
	_____	_____	_____ times a day
	_____	_____	_____ times a day
	_____	_____	_____ times a day
	_____	_____	_____ times a day
	<u>Quick Relief Medicine</u>	<u>How Much To Take</u>	<u>When To Take</u>
	_____	_____	Every _____ hours as needed
	_____	_____	Every _____ hours as needed

YELLOW ZONE: Getting Worse Adjust CONTROL medicines AND add Quick Relief medicine Exposure to Triggers Continue Yellow Zone for _____ Days			
Symptoms • Some problems breathing • Cough, wheeze or chest tight • Problems working or playing • Wakes at night Peak Flow Number _____ to _____ (60-80% of Personal Best)	<u>Control Medicines</u>	<u>How Much To Take</u>	<u>When To Take</u>
	_____	_____	_____ times a day
	_____	_____	_____ times a day
	_____	_____	_____ times a day
	_____	_____	_____ times a day
	<u>Quick Relief Medicine</u>	<u>How Much To Take</u>	<u>When To Take</u>
	_____	_____	Every _____ hours as needed
	_____	_____	Every _____ hours as needed

RED ZONE: Medical Alert Call provider while giving these treatments			
Symptoms • Lots of problems breathing • Cannot work or play • Getting worse not better • Medicine not helping Peak Flow Number _____ (less than 60% of Personal Best)	<u>Quick Relief Medicine</u>	<u>How Much To Take</u>	<u>When To Take</u>
	_____	_____	Every 20 minutes x 3
	<u>Oral Steroid</u>	<u>How Much To Take</u>	
	_____	_____	Take ONE DOSE NOW
	Call 911 or go to hospital if symptoms are severe.		