

# Asthma Action Plan


**GREEN - Doing Well**

No Symptoms

**YELLOW - Getting Worse**

Add or Increase Medicines

**RED - Medical Alert**

Get Help from a Doctor Now

 Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Provider \_\_\_\_\_ Phone \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Date \_\_\_\_\_

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

| <b>GREEN ZONE: Doing Well</b> Take your <b>CONTROL MEDICINE EVERY DAY</b><br>Contact provider if using quick relief medicine more than 2 times per week                   |                       |                  |                             |
|---|-----------------------|------------------|-----------------------------|
| <b>No Symptoms</b><br><ul style="list-style-type: none"> <li>Breathing is good</li> <li>No cough or wheeze</li> <li>Can work and play</li> <li>Sleep all night</li> </ul> | Control Medicines     | How Much To Take | When To Take                |
|   | _____                 | _____            | _____ times a day           |
|   | _____                 | _____            | _____ times a day           |
|   | _____                 | _____            | _____ times a day           |
| <b>Peak Flow Number</b><br>_____ to _____<br>(80-100% of Personal Best)   | Quick Relief Medicine | How Much To Take | When To Take                |
|   | _____                 | _____            | Every _____ hours as needed |
|   | _____                 | _____            | Every _____ hours as needed |
|   | _____                 | _____            | Every _____ hours as needed |

| <b>YELLOW ZONE: Getting Worse</b> Adjust <b>CONTROL</b> medicines <b>AND</b> add <b>Quick Relief</b> medicine<br>Exposure to Triggers      Continue Yellow Zone for _____ Days                  |                       |                  |                             |
|---|-----------------------|------------------|-----------------------------|
| <b>Symptoms</b><br><ul style="list-style-type: none"> <li>Some problems breathing</li> <li>Cough, wheeze or chest tight</li> <li>Problems working or playing</li> <li>Wakes at night</li> </ul> | Control Medicines     | How Much To Take | When To Take                |
|   | _____                 | _____            | _____ times a day           |
|   | _____                 | _____            | _____ times a day           |
|   | _____                 | _____            | _____ times a day           |
| <b>Peak Flow Number</b><br>_____ to _____<br>(60-80% of Personal Best)  | Quick Relief Medicine | How Much To Take | When To Take                |
|   | _____                 | _____            | Every _____ hours as needed |
|   | _____                 | _____            | Every _____ hours as needed |
|   | _____                 | _____            | Every _____ hours as needed |

| <b>RED ZONE: Medical Alert</b> Call provider while giving these treatments   |                       |                  |                             |
|--|-----------------------|------------------|-----------------------------|
| <b>Symptoms</b><br><ul style="list-style-type: none"> <li>Lots of problems breathing</li> <li>Cannot work or play</li> <li>Getting worse not better</li> <li>Medicine not helping</li> </ul> | Quick Relief Medicine | How Much To Take | When To Take                |
|  | _____                 | _____            | <b>Every 20 minutes x 3</b> |
|  | Oral Steroid          | How Much To Take | <b>Take ONE DOSE NOW</b>    |
|  | _____                 | _____            |                             |
| <b>Peak Flow Number</b> _____<br>(less than 60% of Personal Best)  |                       |                  |                             |
| <b>Call 911 or go to hospital if symptoms are severe.</b>  |                       |                  |                             |

**24-hour Nurse Advice Line: 1-855-670-2642**