

# Asthma Action Plan



## General Information:

■ Name \_\_\_\_\_

■ Emergency contact \_\_\_\_\_ Phone numbers \_\_\_\_\_

■ Physician/Health Care Provider \_\_\_\_\_ Phone numbers \_\_\_\_\_

■ Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

### Severity Classification

- Mild Intermittent    Moderate Persistent  
 Mild Persistent    Severe Persistent

### Triggers

- Colds    Smoke    Weather  
 Exercise    Dust    Air pollution  
 Animals    Food  
 Other \_\_\_\_\_

### Exercise

1. Pre-medication (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 all night

#### Control Medications

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

#### Peak Flow Meter

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

## 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

#### Continue control medicines and add:

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

#### Peak Flow Meter

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

#### 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 medicines by \_\_\_\_\_  
 Contact your physician for follow-up care

#### IF your symptoms (and peak flow, if used) DO NOT return to the GREEN ZONE after 1 hour of the quick relief treatment, THEN

- Take quick-relief treatment again  
 Change your long-term control medicines by \_\_\_\_\_  
 Call your physician/Health Care Provider within \_\_\_\_\_ hours 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

#### Continue control medicines and add:

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

#### Peak Flow Meter

Between 0 to 50% of personal best or  
\_\_\_\_\_ to \_\_\_\_\_

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

- Still in the red zone after 15 minutes  
 If you have not been able to reach your physician/health care 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

Patient Signature \_\_\_\_\_