

Asthma Action Plan

General Information:

Name _____
 Emergency contact _____ Phone numbers _____
 Physician/Health Care Provider _____ Phone numbers _____
 Physician Signature _____ Date _____

Severity Classification		Triggers	Exercise
<input type="checkbox"/> Mild Intermittent	<input type="checkbox"/> Moderate Persistent	<input type="checkbox"/> Colds	<input type="checkbox"/> Smoke
<input type="checkbox"/> Mild Persistent	<input type="checkbox"/> Severe Persistent	<input type="checkbox"/> Exercise	<input type="checkbox"/> Weather
		<input type="checkbox"/> Animals	<input type="checkbox"/> Dust
		<input type="checkbox"/> Other	<input type="checkbox"/> Air pollution
			<input type="checkbox"/> Food

1. Pre-medication (how much and when) _____
 2. Exercise modifications _____

Green Zone: Doing Well Peak Flow Meter Personal Best = _____

Symptoms	Control Medications		
	Medicine	How Much to Take	When To Take It
<input type="checkbox"/> Breathing is good	_____	_____	_____
<input type="checkbox"/> No cough or wheeze	_____	_____	_____
<input type="checkbox"/> Can work and play	_____	_____	_____
<input type="checkbox"/> Sleeps all night	_____	_____	_____

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	Continue control medicines and add:		
	Medicine	How Much to Take	When To Take it
<input type="checkbox"/> Some problems breathing	_____	_____	_____
<input type="checkbox"/> Cough, wheeze or chest tight	_____	_____	_____
<input type="checkbox"/> Problems working or playing	_____	_____	_____
<input type="checkbox"/> Wake at night	_____	_____	_____

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	Continue control medicines and add:		
	Medicine	How Much to Take	When To Take It
<input type="checkbox"/> Lots of problems breathing	_____	_____	_____
<input type="checkbox"/> Cannot work or play	_____	_____	_____
<input type="checkbox"/> Getting worse instead of better	_____	_____	_____
<input type="checkbox"/> Medicine is not helping	_____	_____	_____

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