

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="radio"/> Mild Intermittent <input type="radio"/> Moderate Persistent <input type="radio"/> Mild Persistent <input type="radio"/> Severe Persistent	<input type="radio"/> Colds <input type="radio"/> Smoke <input type="radio"/> Weather <input type="radio"/> Exercise <input type="radio"/> Dust <input type="radio"/> Air pollution <input type="radio"/> Animals <input type="radio"/> Food <input type="radio"/> Other _____	1. Pre-medication (how much and when) _____ 2. Exercise modifications _____

Green Zone: Doing Well

Symptoms	Peak Flow Meter Personal Best =		
<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	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

Symptoms	Contact Physician if using quick relief more than 2 times per week.		
<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	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		
	<input type="radio"/> Take quick-relief medication every 4 hours for 1 to 2 days <input type="radio"/> Change your long-term control medicines by _____ <input type="radio"/> 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		
	<input type="radio"/> Take quick-relief treatment again <input type="radio"/> Change your long-term control medicines by _____ <input type="radio"/> Call your physician/Health Care Provider within _____ hours of modifying your medication routine		

Red Zone: Medical Alert

Symptoms	Ambulance/Emergency Phone Number:		
<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	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		
	<input type="radio"/> Still in the red zone after 15 minutes <input type="radio"/> If you have not been able to reach your physician/health care provider for help <input type="radio"/> _____		
	Call an ambulance immediately if the following danger signs are present		
	<input type="radio"/> Trouble walking/talking due to shortness of breath <input type="radio"/> Lips or fingernails are blue		