

Asthma Action Plan for _____ Doctor's Name _____ Date _____

Doctor's Phone Number _____ Hospital/Emergency Room Phone Number _____ School _____

<p>GREEN ZONE: Doing Well</p> <ul style="list-style-type: none"> No cough, wheeze, chest tightness, shortness of breath during the day or night Can do usual activities <p>And if peak flow meter is used, Peak Flow: more than _____ (80% of my best peak flow) My best peak flow is: _____</p>	Take These Long Term Medicines Each Day (include an anti-inflammatory)																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="padding: 5px;">Medicine</th></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>	Medicine					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="padding: 5px;">How much to take</th></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>	How much to take					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="padding: 5px;">When to take it</th></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>	When to take it				
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Before Exercise _____ 2 or 4 puffs **15 to 30 minutes before exercise**

<p>YELLOW ZONE: Asthma Is Getting Worse</p> <ul style="list-style-type: none"> Cough wheeze, chest tightness, or shortness of breath, or Waking at night due to asthma, or Can do some, but not all, usual activities <p>-Or- Peak Flow: _____ to _____ (50-80% of my best peak flow)</p>	Add Quick-Relief medicine – and keep taking your GREEN ZONE medicine		
	<p>FIRST > _____ <input type="checkbox"/> 2 or <input type="checkbox"/> 4 puffs, every 20 minutes up to 1 hour (short-acting beta 2 agonist) <input type="checkbox"/> Nebulizer, one treatment, every 20 minutes for up to 1 hour</p> <p>SECOND > If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment:</p> <p style="padding-left: 20px;"> <input type="checkbox"/> Take the quick-relief medicine every 4 hours for 1 to 2 days <input type="checkbox"/> Double the dose of your inhaled steroid for _____ (7-10 days) </p> <p>-Or-</p> <p>If your symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of treatment:</p> <p style="padding-left: 20px;"> <input type="checkbox"/> Take: _____ <input type="checkbox"/> 2 or <input type="checkbox"/> 4 puffs or <input type="checkbox"/> Nebulizer (short-acting beta 2 agonist) <input type="checkbox"/> Add: _____ mg. per day For _____ (3-10 days) (oral steroid) <input type="checkbox"/> Call the doctor <input type="checkbox"/> before/ <input type="checkbox"/> within _____ hours after taking the oral steroid </p>		

<p>RED ZONE: Medical Alert!</p> <ul style="list-style-type: none"> Very short of breath, or Quick-relief medicines have not helped, or Cannot do usual activities, or Symptoms are same or get worse after 24 hours in Yellow Zone <p>-Or- Peak Flow: less than _____ (50% of my best peak flow)</p>	<p>Take this medicine:</p> <p><input type="checkbox"/> _____ <input type="checkbox"/> 4 or <input type="checkbox"/> 6 puffs or <input type="checkbox"/> Nebulizer (short-acting beta 2 agonist)</p> <p><input type="checkbox"/> _____ mg. (oral steroid)</p> <p>Then call your doctor NOW. Go to the hospital or call and ambulance:</p> <ul style="list-style-type: none"> You are still in the red zone after 15 minutes AND You have not reached your doctor. 		
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DANGER SIGNS	
<ul style="list-style-type: none"> Trouble walking and talking due to shortness of breath > Lips or fingernails are blue > 	<p>Take <input type="checkbox"/> 4 or <input type="checkbox"/> 6 puffs of your quick-relief medicine AND Go to the hospital or call for an ambulance (_____) NOW!</p>

Please make copies of this plan for patient's chart, family, and school. Doctor's Signature _____