

# ASTHMA ACTION PLAN

For: \_\_\_\_\_ Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's phone number: \_\_\_\_\_ Hospital/Emergency Department phone number: \_\_\_\_\_

<b>GREEN ZONE</b> Doing well	<p>You have <b>all</b> of these:</p> <ul style="list-style-type: none"> <li>Breathing is good</li> <li>No cough, wheeze or chest tightness</li> <li>Sleep through the night</li> <li>Can do usual activities</li> </ul> <p><b>PEAK FLOW:</b> From _____ to _____ (80-100%)</p>	<p><b>Daily Medicines:</b> Take even if you do not have symptoms</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 33%;">Medicine</th> <th style="width: 33%;">How much to take</th> <th style="width: 33%;">When to take it</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Before exercise </td> <td style="width: 33%;">Medicine:</td> <td style="width: 33%;"> <input type="checkbox"/> 2 puffs  <input type="checkbox"/> 4 puffs                 </td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">10-15 minutes before exercise</td> </tr> </table>	Medicine	How much to take	When to take it										Before exercise	Medicine:	<input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs			10-15 minutes before exercise
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<b>YELLOW ZONE</b> Asthma is getting worse	<p>You have <b>any</b> of these:</p> <ul style="list-style-type: none"> <li>Cough, wheeze, chest tightness or shortness of breath</li> <li>Waking at night due to asthma</li> <li>Can do some but not all, usual activities</li> </ul> <p><b>PEAK FLOW:</b> From _____ to _____ (50-79%)</p>	<p><b>FIRST:</b> Continue with green zone medicines and <b>add</b> quick-relief medicine.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 33%;">Quick relief medicine:</td> <td style="width: 33%;">Number of puffs: OR nebulizer once:</td> <td style="width: 33%;">How often:</td> </tr> </table> <p><b>SECOND:</b> If your symptoms (and peak flow, if used) return to green zone after 1 hour of above treatment, continue checking to be sure you stay in the green zone.</p> <p><input type="checkbox"/> If your symptoms <b>do not</b> return to the green zone after 1 hour of above treatment:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 33%;">Take quick relief medicine:</td> <td style="width: 33%;">Number of puffs: Or nebulizer:</td> <td style="width: 33%;">How often:</td> </tr> <tr> <td>Add oral steroid</td> <td>Mg per day:</td> <td>For how long:</td> </tr> </table> <p>Call your provider <input type="checkbox"/> before or <input type="checkbox"/> within _____ hours after taking oral steroid</p>	Quick relief medicine:	Number of puffs: OR nebulizer once:	How often:	Take quick relief medicine:	Number of puffs: Or nebulizer:	How often:	Add oral steroid	Mg per day:	For how long:									
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<b>RED ZONE</b> Medical Alert!	<ul style="list-style-type: none"> <li>Very short of breath, or</li> <li>Quick relief medicines have not helped</li> <li>Cannot do usual activities</li> <li>Symptoms are the same or worse after 24 hours in yellow zone</li> </ul> <p><b>PEAK FLOW</b> less than: _____ (less than 50%)</p>	<p><b>Take this medicine:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Quick-relief medicine: _____ Number of puffs: _____ or Nebulizer</li> <li><input type="checkbox"/> Oral steroid: _____ mg</li> </ul> <p>Call your doctor NOW. Go to the hospital or call 911 for an ambulance if:</p> <ul style="list-style-type: none"> <li>You are still in the red zone after 15 minutes AND</li> <li>You have not reached your provider.</li> </ul> <p><b>Danger signs:</b> trouble walking and talking due to shortness of breath, lips or fingernails are blue.</p>																		