

# Asthma Action Plan

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Phone for Doctor or Clinic: \_\_\_\_\_

Predicted/Personal Best Peak Flow Reading: \_\_\_\_\_

## Asthma Triggers

*Try to stay away from or control these things:*

- |  |   |
|--|---|
| <input type="checkbox"/> Exercise        | <input type="checkbox"/> Smoke, strong odors or spray |
| <input type="checkbox"/> Mold            | <input type="checkbox"/> Colds/Respiratory infections |
| <input type="checkbox"/> Chalk dust/dust | <input type="checkbox"/> Carpet                       |
| <input type="checkbox"/> Pollen          | <input type="checkbox"/> Change in temperature        |
| <input type="checkbox"/> Animals         | <input type="checkbox"/> Dust mites                   |
| <input type="checkbox"/> Tobacco smoke   | <input type="checkbox"/> Cockroaches                  |
| <input type="checkbox"/> Food _____      | <input type="checkbox"/> Other _____                  |

## 1. Green – Go

- Breathing is good.
- No cough or wheeze.
- Can work and play.



Use these controller medicines *every day* to keep you in the green zone:

<u>Medicine:</u>	<u>How much to take:</u>	<u>When to take it:</u>	<input type="checkbox"/> Home
			<input type="checkbox"/> School

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Or Peak Flow \_\_\_\_\_ to \_\_\_\_\_ (80-100%)

5-15 minutes before very active exercise, use  Albuterol \_\_\_\_\_ puffs.

## 2. Yellow – Caution



Coughing



Wheezing



Tight Chest



Wakes up at night

*Keep using controller green zone medicines everyday.*

**Add these medicines to keep an asthma attack from getting bad:**

<u>Medicine</u>	<u>How much to take</u>	<u>When to take it</u>
Albuterol	<input type="checkbox"/> 2 puffs by inhaler	<input type="checkbox"/> May repeat every
or	<input type="checkbox"/> 4 puffs by inhaler	20 min up to 3 doses
_____	<input type="checkbox"/> with spacer, if available	in first hour, if needed
	<input type="checkbox"/> by nebulizer	

If symptoms **DO NOT** improve after first hour of treatment, then go to **red zone**.

If symptoms **DO** improve after first hour of treatment, then continue:

Albuterol	<input type="checkbox"/> 2 puffs by inhaler	<input type="checkbox"/> Every 4 - 8 hours
or	<input type="checkbox"/> 4 puffs by inhaler	for _____ days
_____	<input type="checkbox"/> with spacer, if available	
	<input type="checkbox"/> by nebulizer	

Or Peak Flow \_\_\_\_\_ to \_\_\_\_\_ (50-80%)

\_\_\_\_\_, \_\_\_\_\_ times a day for \_\_\_\_\_ days  Home

(oral corticosteroid) (how much)  School

**Call your doctor if still having some symptoms for more than 24 hours!**

## 3. Red – Stop – Danger

- Medicine is not helping.
- Breathing is hard and fast.
- Nose opens wide.
- Can't walk.
- Ribs show.
- Can't talk well.



Or Peak Flow \_\_\_\_\_ (Less than 50%)

**Call your doctor and/or parent/guardian NOW!**

**Take these medicines until you talk with a doctor or parent/guardian:**

<u>Medicine:</u>	<u>How much to take:</u>	<u>When to take it:</u>
Albuterol	<input type="checkbox"/> 2 puffs by inhaler	<input type="checkbox"/> May repeat every
or	<input type="checkbox"/> 4 puffs by inhaler	20 minutes until
_____	<input type="checkbox"/> with spacer, if available	you get help
	<input type="checkbox"/> by nebulizer	
_____, _____ times a day for _____ days		<input type="checkbox"/> Home
(oral corticosteroid) (how much)		<input type="checkbox"/> School

**Call 911 for severe symptoms, if symptoms don't improve, or you can't reach your doctor and/or parent/guardian.**

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

WHITE – PATIENT

YELLOW – CHART

PINK – SCHOOL