Asthma Action Plan

General Information:

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

Severity Classification

- Mild Intermittent
- Moderate Persistent
- Mild Persistent
- Severe Persistent

Triggers

- Colds
- Exercise
- Dust
- Weather
- Animals
- Food
- Air pollution
- Other

Exercise

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

Symptoms

- Breathing is good
- No cough or wheeze
- Can work and play
- Sleeps all night

Peak Flow Meter

More than 80% of personal best or ________

Green Zone: Doing Well

Control Medications

<table>
<thead>
<tr>
<th>Medicine</th>
<th>How Much to Take</th>
<th>When To Take</th>
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Yellow Zone: Getting Worse

Contact Physician if using quick relief more than 2 times per week.

Symptoms

- Some problems breathing
- Cough, wheeze or chest tight
- Problems working or playing
- Wake at night

Peak Flow Meter

Between 50 to 80% of personal best or ________ to ________

Yellow Zone: Getting Worse

Contact Physician if using quick relief more than 2 times per week.

Symptoms

- Some problems breathing
- Cough, wheeze or chest tight
- Problems working or playing
- 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

Symptoms

- Lots of problems breathing
- Cannot work or play
- Getting worse instead of better
- 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

Ambulance/Emergency Phone Number: ________________________________