

ASTHMA ACTION PLAN

For: _____ Doctor: _____ Date: _____

Doctor's Phone Number: _____ Hospital/Emergency Department Phone Number: _____

GREEN ZONE	DOING WELL	<p>Daily Medications</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Medicine</th> <th style="text-align: left;">How much to take</th> <th style="text-align: left;">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> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>			Medicine	How much to take	When to take it	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____																	
_____	_____	_____																	
<p>▪ No cough, wheeze, chest tightness, or shortness of breath during the day or night</p> <p>▪ Can do usual activities</p> <p>And, if a peak flow meter is used,</p> <p>Peak flow: more than _____ (80 percent or more of my best peak flow)</p> <p>My best peak flow is: _____</p>																			
<p>Before exercise</p>		<input type="checkbox"/> _____	<input type="checkbox"/> 2 or <input type="checkbox"/> 4 puffs	5 minutes before exercise															
YELLOW ZONE	ASTHMA IS GETTING WORSE	<p>1st → Add: quick-relief medicine—and keep taking your GREEN ZONE medicine.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> _____ (quick-relief medicine) </td> <td style="width: 20%;"> _____ Number of puffs or <input type="checkbox"/> Nebulizer, once </td> <td style="width: 30%;"> Can repeat every _____ minutes up to maximum of _____ doses </td> </tr> </table> <p>2nd → If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment:</p> <p><input type="checkbox"/> Continue monitoring to be sure you stay in the green zone.</p> <p style="text-align: center;">-Or-</p> <p>If your symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment:</p> <p><input type="checkbox"/> Take: _____ (quick-relief medicine) _____ Number of puffs or <input type="checkbox"/> Nebulizer</p> <p><input type="checkbox"/> Add: _____ mg per day For _____ (3-10) days (oral steroid)</p> <p><input type="checkbox"/> Call the doctor <input type="checkbox"/> before/ <input type="checkbox"/> within _____ hours after taking the oral steroid.</p>			_____ (quick-relief medicine)	_____ Number of puffs or <input type="checkbox"/> Nebulizer, once	Can repeat every _____ minutes up to maximum of _____ doses												
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<p>▪ Cough, wheeze, chest tightness, or shortness of breath, or</p> <p>▪ Waking at night due to asthma, or</p> <p>▪ Can do some, but not all, usual activities</p> <p>-Or-</p> <p>Peak flow: _____ to _____ (50 to 79 percent of my best peak flow)</p>																			
RED ZONE	MEDICAL ALERT!	<p>Take this medicine:</p> <p><input type="checkbox"/> _____ (quick-relief medicine) _____ Number of puffs or <input type="checkbox"/> Nebulizer</p> <p><input type="checkbox"/> _____ mg (oral steroid)</p> <p>Then call your doctor NOW. Go to the hospital or call an ambulance if:</p> <ul style="list-style-type: none"> ▪ You are still in the red zone after 15 minutes AND ▪ You have not reached your doctor. 																	
	<p>▪ Very short of breath, or</p> <p>▪ Quick-relief medicines have not helped,</p> <p>▪ Cannot do usual activities, or</p> <p>▪ Symptoms are same or get worse after 24 hours in Yellow Zone</p> <p>-Or-</p> <p>Peak flow: less than _____ (50 percent of my best peak flow)</p>																		
DANGER SIGNS		<p>▪ Trouble walking and talking due to shortness of breath</p> <p>▪ Lips or fingernails are blue</p> <p style="text-align: center; font-size: 2em; color: red; font-weight: bold;">➔</p> <p>▪ Take _____ puffs of _____ (quick relief medicine) AND</p> <p>▪ Go to the hospital or call for an ambulance _____ NOW! (phone)</p>																	

See the reverse side for things you can do to avoid your asthma triggers.