

Asthma Action Plan

Name: _____

Date: _____

Important Contact Information

Doctor or case manager:

Hospital or emergency room:

Other emergency contact information:

(parent, relative, or friend)

Ambulance: _____

Taxi: _____

Peak flow reading

Average: _____ Best: _____

Asthma Triggers

Write down your triggers if you know them. If you don't, you may notice a pattern after a few weeks of filling in your asthma diary.

(Common triggers include animal dander, dust, smoke, mold, stress, exercise, fumes, strong odors, infections, medicines, certain foods, and different levels of humidity.)

You're doing well if:

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- you aren't coughing or wheezing, and have no tightness in your chest or shortness of breath, day or night

AND

- you can do your usual activities

OR

- your peak flow is more than _____ (80 percent or more of best)

Take these medicines every day

Medicine	Amount (dose)	Time
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Before exercising, take:

(5 to 60 minutes ahead of time)

Y E L L O W Z O N E	Your symptoms are getting worse if:	Take these medicines to feel better
	<ul style="list-style-type: none"> • you're coughing or wheezing, or have tightness in your chest or shortness of breath OR • you wake up at night because of your asthma OR • you can't do all your usual activities <p>OR your peak flow reading is _____ to _____ (50 to 80 percent of best)</p>	<p>First: Take fast-acting medicine, and keep taking your green zone medicine.</p> <p>_____ (fast-acting)</p> <p>_____ puffs every _____ minutes up to one hour</p> <p>OR</p> <p><input type="checkbox"/> once only (nebulizer)</p>
After one hour:		
Y E L L O W Z O N E	If your symptoms (and peak flow) return to the green zone	<p>Then:</p> <p><input type="checkbox"/> continue taking your regular green zone medicine</p> <p><input type="checkbox"/> increase your regular dose of _____ to _____ for _____ days</p> <p><input type="checkbox"/> take the fast-acting medicine every _____ hours for _____ days</p>
	But if you're still in the yellow zone	<p>Then:</p> <p><input type="checkbox"/> continue with yellow zone action for _____ hours</p> <p><input type="checkbox"/> add _____ (oral steroid) _____ mg per day for _____ days</p> <p><input type="checkbox"/> call your doctor within _____ hours</p> <p><input type="checkbox"/> other: _____</p>
R E D Z O N E	Be on medical alert if:	Get help now!
	<ul style="list-style-type: none"> • you're very short of breath OR • the fast-acting medicines (yellow zone actions) haven't helped OR • your symptoms get worse when on oral steroids OR • you can't do any of your usual activities <p>OR</p> <ul style="list-style-type: none"> • your peak flow is below _____ (50 percent of best) 	<p>Take:</p> <p>_____ puffs (fast-acting) <input type="checkbox"/> once only (nebulizer)</p> <p>_____ mg (oral steroid)</p> <p>And call your doctor right away! If you can't reach your doctor AND you're still in the red zone after 15 minutes, go to the hospital or call an ambulance immediately!</p>
	<p>Danger signs:</p> <ul style="list-style-type: none"> • you have trouble walking or talking because of shortness of breath OR • your lips or fingers are turning blue 	<p>Take:</p> <p>_____ more puffs (fast-acting)</p> <p>And go to the hospital or call an ambulance now!</p>

Call the doctor whenever:

- your action plan says you should
- your symptoms get worse while you are on oral steroids
- your inhaler treatments (if any) aren't lasting at least four hours
- your normal (green zone) peak flow falls below _____ even while following the plan
- other: _____

Doctor's Signature: _____ **Date:** _____