

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!

Call your doctor and/or parent/guardian NOW!

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

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%)

| | | |
|-----------------------|--|---|
| <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