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:

□ Exercise	□ Smoke, strong odors or spray
□ Mold	□ Colds/Respiratory infections
□ Chalk dust/dust	□ Carpet
□ Pollen	□ Change in temperature
□ Animals	□ Dust mites
□ Tobacco smoke	□ Cockroaches
□ Food _____	□ Other _____

1. Green – Go

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

Or Peak Flow _____ to _____ (80-100%)

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

Medicine:	How much to take:	When to take it:	
			□ Home □ School

5-15 minutes before very active exercise, use □ Albuterol _____ puffs.

2. Yellow – Caution

Coughing

Wheezing

Tight Chest

Wakes up at night

Or Peak Flow _____ to _____ (50-80%)

***Keep* using controller green zone medicines everyday.**

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

Medicine	How much to take	When to take it
Albuterol or _____	□ 2 puffs by inhaler □ 4 puffs by inhaler □ with spacer, if available □ by nebulizer	□ May repeat every 20 min up to 3 doses in first hour, if needed

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 or _____	□ 2 puffs by inhaler □ 4 puffs by inhaler □ with spacer, if available □ by nebulizer	□ Every 4 - 8 hours for _____ days

_____, _____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:**

Medicine:	How much to take:	When to take it:
Albuterol or _____	□ 2 puffs by inhaler □ 4 puffs by inhaler □ with spacer, if available □ by nebulizer	□ May repeat every 20 minutes until you get help

_____, _____times a day for _____days □ Home
(oral corticosteroid) *(how much)* □ 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

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