

# Sample (2) Asthma Action Plan

ASTHMA ACTION PLAN FOR \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Hospital/Emergency Room Phone Number \_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_

<p><b>GREEN ZONE: Doing Well</b></p> <ul style="list-style-type: none"> <li>■ No cough, wheeze, chest tightness, or shortness of breath during the day or night</li> <li>■ Can do usual activities</li> </ul> <p>And, if a peak flow meter is used, Peak flow: more than _____ (80% or more of my best peak flow)</p> <p>My best peak flow is: _____</p>	<p><b>Take These Long-Term-Control Medicines Each Day (include an anti-inflammatory)</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 40px; vertical-align: top;">Medicine</td> <td style="width: 33%; height: 40px; vertical-align: top;">How much to take</td> <td style="width: 33%; height: 40px; vertical-align: top;">When to take it</td> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </table>	Medicine	How much to take	When to take it				<p><input type="checkbox"/> 2 or <input type="checkbox"/> 4 puffs      5 to 60 minutes before exercise</p>
Medicine	How much to take	When to take it						
<p><b>Before exercise</b></p>	<p><b>YELLOW ZONE: Asthma Is Getting Worse</b></p> <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% - 80% of my best peak flow)</p>							
<p style="text-align: center;"><b>FIRST</b></p>	<p><b>Add: Quick-Relief Medicine - and keep taking your GREEN ZONE medicine</b></p> <p>_____ (short-acting beta<sub>2</sub>-agonist)</p> <p>□ 2 or □ 4 puffs, every 20 minutes for up to 1 hour</p> <p>□ Nebulizer, once</p> <p><b>If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment:</b></p> <p>□ Take the quick-relief medicine every 4 hours for 1 to 2 days.</p> <p>□ Double the dose of your inhaled steroid for _____ (7-10) days.</p> <p>-Or-</p> <p><b>If your symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment:</b></p> <p>□ Take: _____ □ 2 or □ 4 puffs or □ Nebulizer (short-acting beta<sub>2</sub>-agonist)</p> <p>□ Add: _____ mg. per day For _____ (3-10) days (oral steroid)</p> <p>□ Call the doctor <input type="checkbox"/> before/ <input type="checkbox"/> within _____ hours after taking the oral steroid.</p>							
<p style="text-align: center;"><b>SECOND</b></p>	<p><b>Take this medicine:</b></p> <p>□ _____ □ 4 or □ 6 puffs or □ Nebulizer (short-acting beta<sub>2</sub>-agonist)</p> <p>□ _____ mg. (oral steroid)</p> <p><b>Then call your doctor NOW.</b> Go to the hospital or call for an ambulance if:</p> <ul style="list-style-type: none"> <li>■ You are still in the red zone after 15 minutes AND</li> <li>■ You have not reached your doctor.</li> </ul>							
<p><b>RED ZONE: Medical Alert!</b></p> <ul style="list-style-type: none"> <li>■ Very short of breath, or</li> <li>■ Quick-relief medicines have not helped, or</li> <li>■ Cannot do usual activities, or</li> <li>■ Symptoms are same or get worse after 24 hours in Yellow Zone</li> </ul> <p>-Or-</p> <p>Peak flow: less than _____ (50% of my best peak flow)</p>	<p><b>DANGER SIGNS</b></p> <ul style="list-style-type: none"> <li>■ Trouble walking and talking due to shortness of breath</li> <li>■ Lips or fingernails are blue</li> </ul> <p style="text-align: right;"> <input type="checkbox"/> Take □ 4 or □ 6 puffs of your quick-relief medicine AND  <input type="checkbox"/> Go to the hospital or call for an ambulance ( _____ ) NOW!         </p>							