

# ASTHMA ACTION PLAN FOR \_\_\_\_\_ Doctor's Name \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_ Hospital/Emergency Room Phone Number \_\_\_\_\_

After Hours 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><b>And, if a peak flow meter is used,</b>  <b>Peak flow:</b> 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;"> <thead> <tr> <th style="width: 33%;">Medicine</th> <th style="width: 33%;">How much to take</th> <th style="width: 33%;">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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**Before Exercise**     \_\_\_\_\_     2 or  4 puffs    5 to 60 minutes before exercise

<p><b>Yellow Zone: Asthma is Getting Worse</b></p> <ul style="list-style-type: none"> <li>Cough, wheeze, chest tightness, or shortness of breath, or</li> <li>Waking at night due to asthma, or</li> <li>Can do some, but not all, usual activities</li> </ul> <p>-Or-</p> <p><b>Peak flow:</b> _____ to _____          (50% - 80% of my best peak flow)</p> <p><b>Early signs your asthma is getting worse:</b>          _____</p>	<p><b>FIRST</b> →</p> <p><b>SECOND</b> →</p>	<p><b>Add: Quick-Relief Medicine - and keep taking your GREEN ZONE medicine</b></p> <p>_____    <input type="checkbox"/> 2 or <input type="checkbox"/> 4 puffs, every 20 minutes for up to 1 hour          (short-acting beta<sub>2</sub>-agonist)    <input type="checkbox"/> Nebulizer, once</p> <p><b>If your symptoms (and peak flow meter, if used) return to GREEN ZONE after 1 hour of above treatment:</b></p> <p><input type="checkbox"/> Take the quick-relief medicine every 4 hours for 1 to 2 days.  <input type="checkbox"/> Double the dose of your inhaled steroid for _____ (7-10 days).</p> <p>-Or-</p> <p><b>If your symptoms (and peak flow meter, if used) do not return to GREEN ZONE after 1 hour of above treatment:</b></p> <p><input type="checkbox"/> Take: _____    <input type="checkbox"/> 2 or <input type="checkbox"/> 4 puffs or <input type="checkbox"/> Nebulizer          (short-acting beta<sub>2</sub>-agonist)</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>
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<p><b>Red Zone: Medical Alert! DANGER!</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><b>Peak flow:</b> less than _____          (50% of my best peak flow)</p>	<p><b>Take this medicine:</b></p> <p>_____    <input type="checkbox"/> 4 or <input type="checkbox"/> 6 puffs or <input type="checkbox"/> 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>
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**DANGER SIGNS**

<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>→</p>	<ul style="list-style-type: none"> <li>Take <input type="checkbox"/> 4 or <input type="checkbox"/> 6 puffs of your quick-relief medicine AND</li> <li>Go to the hospital or call for an ambulance ( _____ ) NOW!</li> </ul>
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