ASTHMA ACTION PLAN

For use of this form see MEDCOM CIR 40-7

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility#)*

HEALTHCARE PROVIDER'S NAME:

HEALTHCARE PROVIDER'S SIGNATURE:

HEALTHCARE PROVIDER'S PHONE #

HOSPITAL/EMERGENCY ROOM PHONE #

I have read, understand, and have been given a copy of this Action Plan.

(Patient's Signature) *(Date)*

GREEN ZONE: Doing Well

- No cough, wheeze, chest tightness, or shortness of breath during the day or night.
- Can do usual activities

And if a peak flow meter is used, peak flow more than _____ *(80% or more of my best peak flow)*

My best peak flow is: _____

Take these Long-Term-Control Medicines each day (Includes an anti-inflammatory)

Medicine	How much to take	When to take it

Before exercise - - - - - - - - - - - - - - ☐ _____ ☐ 2 or ☐ 4 puffs, 5 to 60 minutes before exercise

YELLOW ZONE: Asthma is Getting Worse

- Cough, wheeze, chest tightness, or shortness of breath or
- Waking at night due to asthma, or
- Can do some, but not all, usual activities

- OR -

Peak flow: _____ to _____ *(60% - 80% of my best peak flow)*

1st → **Add: Quick-Relief Medicine-and keep taking your GREEN ZONE medicine**

_____ *(short acting beta-agonist)* ☐ 2 or ☐ 4 puffs, every 20 minutes for up to 1 hour ☐ Nebulizer, once

2nd → **If symptoms (and peak flow, if used) return to GREEN ZONE after 1 hr of above treatment:**

☐ Take the quick-relief medicine every 4 hours for 1 to 2 days.

☐ Double the dose of your inhaled steroid for _____ (7-10) days. (Unless on a combination medication)

- OR -

If symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment:

☐ Take _____ *(short acting beta-agonist)* ☐ 2 or ☐ 4 puffs or ☐ Nebulizer

☐ Add _____ *(oral steroid)* mg. per day for _____ (3-10) days.

☐ Call your Healthcare Provider within _____ hours after taking the oral steroid.

RED ZONE: Medical Alert!

- Very short of breath, or
- Quick-relief medicines have not helped, or
- Cannot do usual activities, or
- Symptoms are same or get worse after 24 hours in Yellow Zone

- OR -

Peak flow is less than: _____ *(< 60% of my best peak flow)*

Take this medicine:

☐ _____ *(short acting beta-agonist)* ☐ 4 or ☐ 6 puffs or ☐ Nebulizer

☐ _____ *(oral steroid)* mg.

Then call your Healthcare Provider - NOW! Go to the hospital or call for an ambulance if:

☐ You are still in the red zone after 15 minutes and using your nebulizer **AND**

☐ You have not reached your Healthcare Provider

DANGER SIGNS!

- Trouble walking/talking due to shortness of breath
- Lips or fingernails are blue

!!!!! → Take ☐ 4 or ☐ 6 puffs of your quick-relief medicine **AND**

Go to the hospital or call for an ambulance _____ **NOW!**