Asthma Action Plan



	Phone numbers				
	Da	te			
Triggers					
O Exercise O Dust O Air Pollution		Premedication (how much and when) Exercise modifications			
O Other					
Peak Flow Meter Person	al Best =	AP WEST			
Control Medications:					
Contact physician if usin	g quick reli	ef more tha	n 2 times per week.		
Continue control medicines and	d add:				
IF your symptoms (and peak flo	w, if used)	IF your symptoms (and peak flow, if used DO NOT return to Green Zone after one hour of the quick-relief treatment, THEN			
O Take quick-relief medication every 4 hours for 1 to 2 days.		Take quick-relief treatment again.Change your long-term control medicine by			
O Change your long-term control medicine by					
O Contact your physician for follow	v-up care.		nysician/Healthcare provider _ hour(s) of modifying your		
O contact your physician for follow	·	medication			
Ambulance/Emergency F	Phone Numb				
Ambulance/Emergency F Continue control medicines and		er:			
Ambulance/Emergency F Continue control medicines and	l add:	er:	routine.		
Ambulance/Emergency F Continue control medicines and	l add: low Much to Tal ambulance if: outes.	ce Call an ambu	When to Take It		
	Triggers Colds Smoke Wester Dust Air Air Animals Food Other Peak Flow Meter Person Control Medications: Medicine If your symptoms (and peak floreturn to Green Zone after one quick-relief treatment, THEN Take quick-relief medication ever 4 hours for 1 to 2 days. Change your long-term control of the co	Triggers Colds Smoke Weather Exercise Dust Air Pollution Animals Food Other Peak Flow Meter Personal Best = Control Medications: Medicine How Much to Tal Continue control medicines and add: Medicine How Much to Tal IF your symptoms (and peak flow, if used) return to Green Zone after one hour of the quick-relief treatment, THEN Take quick-relief medication every 4 hours for 1 to 2 days. Change your long-term control medicine by	Phone numbers Page Shall Page Shal		

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