Asthma Action Plan

PARENT SIGNATURE



General Information: ■ Name __ Emergency contact Phone numbers _____ ■ Physician/healthcare provider______ Phone numbers _____ Physician signature Severity Classification Triggers O Moderate Persistent O Intermittent Colds O Smoke O Weather 1. Premedication (how much and when) O Mild Persistent O Severe Persistent O Exercise O Dust Air Pollution O Animals O Food Exercise modifications _____ O Other Green Zone: Doing Well Peak Flow Meter Personal Best = **Symptoms Control Medications:** Breathing is good Medicine How Much to Take When to Take It No cough or wheeze Can work and play Sleeps well at night **Peak Flow Meter** More than 80% of personal best or Yellow Zone: Getting Worse Contact physician if using quick relief more than 2 times per week. Symptoms Continue control medicines and add: Some problems breathing Medicine How Much to Take When to Take It Cough, wheeze, or chest tight Problems working or playing ■ Wake at night **Peak Flow Meter** IF your symptoms (and peak flow, if used) IF your symptoms (and peak flow, if used) return to Green Zone after one hour of the DO NOT return to Green Zone after one Between 50% and 80% of personal best or hour of the quick-relief treatment, THEN quick-relief treatment, THEN _____ to _____ O Take quick-relief treatment again. O Take quick-relief medication every 4 hours for 1 to 2 days. O Change your long-term control medicine by O Change your long-term control medicine by O Call your physician/Healthcare provider within ____ hour(s) of modifying your O Contact your physician for follow-up care. medication routine. Red Zone: Medical Alert Ambulance/Emergency Phone Number: Continue control medicines and add: Symptoms Lots of problems breathing How Much to Take Medicine When to Take It Cannot work or play Getting worse instead of better Medicine is not helping **Peak Flow Meter** Go to the hospital or call for an ambulance if: Call an ambulance immediately if the Less than 50% of personal best or following danger signs are present: O Still in the red zone after 15 minutes. to O You have not been able to reach your O Trouble walking/talking due to shortness ALLOW TO CARRY: of breath. physician/healthcare provider for help. YES ____ NO _ O Lips or fingernails are blue.

DATE