

Asthma Action Plan

Provider Name: _____ **Name:** _____

Provider Telephone Number: _____ **DOB:** _____

Personal Best Peak Flow: _____ **Date:** _____

	If:	Then take these medicines:		
GREEN ZONE	Everything is fine: No coughing and no wheeze, day or night	Long-Term	Medicine: <input type="checkbox"/> Inhaled Steroid _____	How much: _____
	Able to do usual activities AND/OR Peak Flow is _____	Controller Medicine	<input type="checkbox"/> Long Acting Beta Agonist _____ <input type="checkbox"/> Leukotriene Modifier _____ <input type="checkbox"/> Oral Steroid _____ <input type="checkbox"/> Other- _____	When: _____
	(more than 80% of baseline peak flow) GOOD CONTROL	You should not have to use Quick Relief Medicine in the Green Zone except Before exercise or before exposure to known trigger, use <input type="checkbox"/> Albuterol MDI _____ <input type="checkbox"/> Albuterol Neb _____ <input type="checkbox"/> Other _____ (Take 15 minutes before exercise)		

	But if your child is:	Then Do This:													
YELLOW ZONE	Starting to cough, wheeze, feel short of breath, waking up at night, or tight chest AND/OR Peak flow is between _____ and _____ (50% - 80% of baseline peak flow) CAUTION	Stay on your Green Medicines and add-													
		Quick Relief Medications	Medicine: <input type="checkbox"/> Albuterol MDI _____ <input type="checkbox"/> Albuterol Neb _____ <input type="checkbox"/> Other: _____	How much: _____ When: _____											
		<input type="checkbox"/> Check Peak Flow- If _____ <input type="checkbox"/> Check Symptoms – If _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Medicine:</td> <td style="width: 30%; text-align: center;">Then Take</td> <td style="width: 30%; text-align: center;">How much:</td> <td style="width: 10%; text-align: center;">When: _____</td> </tr> <tr> <td><input type="checkbox"/> Albuterol</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Increase Inhaled Steroid</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> Add- <input type="checkbox"/> Oral Steroid _____ <input type="checkbox"/> When oral steroids are added, contact the provider office _____. <input type="checkbox"/> If not better by third day, call provider. Phone number- _____			Medicine:	Then Take	How much:	When: _____	<input type="checkbox"/> Albuterol	_____	_____	_____	<input type="checkbox"/> Increase Inhaled Steroid	_____	_____
Medicine:	Then Take	How much:	When: _____												
<input type="checkbox"/> Albuterol	_____	_____	_____												
<input type="checkbox"/> Increase Inhaled Steroid	_____	_____	_____												

	And if your child is:	Then Do This:		
RED ZONE	Coughing all the time; short of breath; some trouble talking, walking or playing Peak flow is _____ (less than 50% of baseline peak flow) MEDICAL ALERT!	Continue your Yellow Zone Medicines and add-		
		Quick Relief Medicine	Medicine: <input type="checkbox"/> Albuterol MDI _____ <input type="checkbox"/> Albuterol NEB _____ <input type="checkbox"/> _____	How much: _____ When: _____
		IF NOT ALREADY ON ORAL STEROIDS, START- _____ <ul style="list-style-type: none"> ▪ IF NOT BETTER AFTER 15 MINUTES, REPEAT ALBUTEROL ▪ IF STILL SEVERELY SYMPTOMATIC CALL YOUR PROVIDER or EMERGENCY SERVICES IF PROVIDER IS UNAVAILABLE 		

DANGER ZONE

If your child is having any of these symptoms: <i>Medicine is not helping</i> <i>Breathing is hard and fast, nostrils open wide, can't walk, ribs show, can't talk well</i>	Then- GO TO THE EMERGENCY ROOM OR CALL 911 NOW!
--	---