Asthma Action Plan

General Information:
■ Name __________________________________________________________
■ Emergency contact _____________________________________________
■ Physician/healthcare provider ________________________________
■ Physician signature __________________________ Date __________

Severity Classification
❍■ Intermittent
❍■ Moderate Persistent
❍■ Mild Persistent
❍■ Severe Persistent

Triggers
❍■ Colds
❍■ Smoke
❍■ Weather
❍■ Exercise
❍■ Dust
❍■ Air Pollution
❍■ Animals
❍■ Food
❍■ Other ______

Exercise
1. Premedication (how much and when) ______
2. Exercise modifications _________________

Green Zone: Doing Well

Symptoms
■ Breathing is good
■ No cough or wheeze
■ Can work and play
■ Sleeps well at night

Peak Flow Meter
More than 80% of personal best or __________

Peak Flow Meter Personal Best =

Yellow Zone: Getting Worse

Symptoms
■ Some problems breathing
■ Cough, wheeze, or chest tight
■ Problems working or playing
■ Wake at night

Peak Flow Meter
Between 50% and 80% of personal best or __________ to __________

Contact physician if using quick relief more than 2 times per week.

Continue control medicines and add:

<table>
<thead>
<tr>
<th>Medicine</th>
<th>How Much to Take</th>
<th>When to Take It</th>
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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 __________
❍■ Contact your physician for follow-up care.

IF your symptoms (and peak flow, if used) DO NOT return to Green Zone after one hour of the quick-relief treatment, THEN
❍■ Take quick-relief treatment again.
❍■ Change your long-term control medicine by __________
❍■ Call your physician/Healthcare provider within ____ hour(s) of modifying your medication routine.

Red Zone: Medical Alert

Symptoms
■ Lots of problems breathing
■ Cannot work or play
■ Getting worse instead of better
■ Medicine is not helping

Peak Flow Meter
Less than 50% of personal best or __________ to __________

Ambulance/Emergency Phone Number:

Continue control medicines and add:

<table>
<thead>
<tr>
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<th>How Much to Take</th>
<th>When to Take It</th>
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Go to the hospital or call for an ambulance if:
❍■ Still in the red zone after 15 minutes.
❍■ You have not been able to reach your physician/healthcare provider for help.
❍■ __________

Call an ambulance immediately if the following danger signs are present:
❍■ Trouble walking/talking due to shortness of breath.
❍■ Lips or fingernails are blue.

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