

Asthma action plan

<h2 style="margin: 0;">My Asthma Action Plan</h2> <p style="margin: 0;">Age ≥5 years</p>			
Clinician's Name: _____		Patient Name: _____	
Clinician's Phone #: _____		Medical Record #: _____	
Completed by: _____		DOB: _____	
Date: _____			

Long-Term Control Medicines	How Much To Take	How Often	Other Instructions
		_____ times per day EVERY DAY!	
		_____ times per day EVERY DAY!	
		_____ times per day EVERY DAY!	
		_____ times per day EVERY DAY!	


Quick-Relief Medicines	How Much To Take	How Often	Other Instructions
		Take ONLY as needed	NOTE: If this medicine is needed frequently, call clinician to consider increasing long-term control medications.

Special instructions when I feel **good**, **not good**, and **awful**.

GREEN ZONE

I feel **good**.

(My peak flow is in the **GREEN** zone.)




I do **not** feel good.

(My peak flow is in the **YELLOW** zone.)

My symptoms may include one or more of the following:

- Wheeze
- Tight chest
- Cough
- Shortness of breath
- Waking up at night with asthma symptoms
- Decreased ability to do usual activities




YELLOW ZONE

I feel **awful**.

(My peak flow is in the **RED** zone.)

Warning signs may include one or more of the following:

- It is getting harder and harder to breathe
- Unable to sleep or do usual activities because of trouble breathing



RED ZONE

My Personal Best Peak Flow

80% Personal Best

50% Personal Best

Unable

Peak Flow Meter

PREVENT asthma symptoms everyday:

☐ Take my long-term control medicines (above) every day.

☐ Before exercise, take _____ puffs of _____

☐ Avoid things that make my asthma worse like: _____

CAUTION. I should continue taking my long-term control asthma medicines every day **AND**:

☐ Take _____

If I still do not feel good, or my peak flow is not back in the **Green Zone** within one hour, then I should:

☐ Increase _____

☐ Add _____

☐ Call _____

MEDICAL ALERT! Get help!

☐ Take _____ until I get help immediately.

☐ Take _____

☐ Call _____

Danger! Get help immediately! Call 9-1-1 if you have trouble walking or talking due to shortness of breath or lips or fingernails are gray or blue.

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