

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 Able to do usual activities AND/OR Peak Flow is _____ (more than 80% of baseline peak flow) GOOD CONTROL	Then take these medicines: <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Long-Term</td> <td style="width: 35%;">Medicine:</td> <td style="width: 20%;">How much:</td> <td style="width: 30%;">When: __</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Inhaled Steroid</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Controller Medicine</td> <td><input type="checkbox"/> Long Acting Beta Agonist</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Leukotriene Modifier</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Oral Steroid</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other- _____</td> <td>_____</td> <td>_____</td> </tr> </table> <p>You should not have to use Quick Relief Medicine in the Green Zone except Before exercise or before exposure to known trigger, use</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"><input type="checkbox"/> Albuterol MDI</td> <td style="width: 35%;"></td> <td style="width: 20%;"></td> <td style="width: 30%;"></td> </tr> <tr> <td><input type="checkbox"/> Albuterol Neb</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> <p>(Take 15 minutes before exercise)</p>	Long-Term	Medicine:	How much:	When: __		<input type="checkbox"/> Inhaled Steroid	_____	_____	Controller Medicine	<input type="checkbox"/> Long Acting Beta Agonist	_____	_____		<input type="checkbox"/> Leukotriene Modifier	_____	_____		<input type="checkbox"/> Oral Steroid	_____	_____		<input type="checkbox"/> Other- _____	_____	_____	<input type="checkbox"/> Albuterol MDI				<input type="checkbox"/> Albuterol Neb	_____	_____	_____	<input type="checkbox"/> Other _____	_____	_____	_____
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	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	<p style="text-align: center;"><i>Stay on your Green Medicines and add-</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Quick Relief Medications</td> <td style="width: 35%;">Medicine:</td> <td style="width: 20%;">How much:</td> <td style="width: 30%;">When: __</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Albuterol MDI</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Albuterol Neb</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other: _____</td> <td>_____</td> <td>_____</td> </tr> </table> <p><input type="checkbox"/> Check Peak Flow- If _____</p> <p><input type="checkbox"/> Check Symptoms – If _____</p> <p style="text-align: center;">Then Take</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Medicine:</td> <td style="width: 35%;">How much:</td> <td style="width: 20%;"></td> <td style="width: 30%;">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> <p>Add-</p> <p><input type="checkbox"/> Oral Steroid _____</p> <p><input type="checkbox"/> When oral steroids are added, contact the provider office _____.</p> <p><input type="checkbox"/> If not better by third day, call provider. Phone number- _____</p>	Quick Relief Medications	Medicine:	How much:	When: __		<input type="checkbox"/> Albuterol MDI	_____	_____		<input type="checkbox"/> Albuterol Neb	_____	_____		<input type="checkbox"/> Other: _____	_____	_____	Medicine:	How much:		When: __	<input type="checkbox"/> Albuterol	_____	_____	_____	<input type="checkbox"/> Increase Inhaled Steroid	_____	_____	_____								
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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!	<p style="text-align: center;"><i>Continue your Yellow Zone Medicines and add-</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Quick Relief Medicine</td> <td style="width: 35%;">Medicine:</td> <td style="width: 20%;">How much:</td> <td style="width: 30%;">When: __</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Albuterol MDI</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Albuterol NEB</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> _____</td> <td>_____</td> <td>_____</td> </tr> </table> <p>IF NOT ALREADY ON ORAL STEROIDS, START-</p> <p>_____</p> <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 	Quick Relief Medicine	Medicine:	How much:	When: __		<input type="checkbox"/> Albuterol MDI	_____	_____		<input type="checkbox"/> Albuterol NEB	_____	_____		<input type="checkbox"/> _____	_____	_____																				
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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- <div style="border: 2px solid blue; padding: 5px; display: inline-block;"> GO TO THE EMERGENCY ROOM OR CALL 911 NOW! </div>																																					