

ASTHMA ACTION PLAN

Patient Name: _____ DOB: _____

Provider's Name: _____

Provider's Phone #: _____ Completed by: _____ Date: _____

Controller Medicines	How Much to Take	How Often	Other Instructions
		_____ times per day EVERY DAY!	<input type="checkbox"/> Gargle or rinse mouth after use
		_____ 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
<input type="checkbox"/> Albuterol (ProAir, Ventolin, Proventil) <input type="checkbox"/> Levalbuterol (Xopenex)	<input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs <input type="checkbox"/> 1 nebulizer treatment	Take ONLY as needed (see below — starting in Yellow Zone or before exercise)	NOTE: If you need this medicine more than two days a week, call a physician to consider increasing controller medications and discuss your treatment plan.

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Special instructions when I am  **doing well**,  **getting worse**,  **having a medical alert.**



GREEN ZONE

Doing **well**.

- No cough, wheeze, chest tightness, or shortness of breath during the day or night.
- Can do usual activities

Peak Flow (for ages 5 and up): is _____ or more. (80% or more of personal best)

Personal Best Peak Flow (for ages 5 and up): _____

PREVENT asthma symptoms every day:

- Take my controller medicines (above) every day.
- Before exercise, take _____ puff(s) of _____
- Avoid things that make my asthma worse.



YELLOW ZONE

Getting **worse**.

- Cough, wheeze, chest tightness, shortness of breath, or
- Waking at night due to asthma symptoms, or
- Can do some, but not all, usual activities

Peak Flow (for ages 5 and up): _____ to _____ (50 to 79% of personal best)

CAUTION. Continue taking everyday controller medicines, AND:

- Take _____ puffs or _____ one nebulizer treatment of quick-relief medicine. If I am not back to the Green Zone within 20–30 minutes take _____ more puffs or nebulizer treatments. If I am not back in the Green Zone within one hour, then I should:
- Increase _____
- Add _____
- Call _____
- Continue using quick-relief medicine every 4 hours as needed. Call provider if not improving in _____ days.



RED ZONE

Medical Alert.

- Very short of breath, or
- Quick-relief medicines have not helped, or
- Cannot do usual activities, or
- Symptoms are same or get worse after 24 hours in Yellow Zone

Peak Flow (for ages 5 and up): less than _____ (50% of personal best)

MEDICAL ALERT! Get help!

- Take quick-relief medicine: _____ puffs every _____ minutes and get help immediately.
- Take _____
- Call _____

Danger! Get help immediately! Call 911 if having trouble walking or talking due to shortness of breath or if lips or fingernails are gray or blue. For child, call 911 if skin is sucked in around neck and ribs during breaths or child doesn't respond normally.