

ASTHMA ACTION PLAN

ASSOCIATED ALLERGISTS and ASTHMA SPECIALISTS

Name _____ Date of Birth _____ Effective Date _____

Emergency Contact _____ Phone _____

Medication Can Be Self-Administered _____ Yes; patient has been educated on proper technique. _____ No _____ Needs supervision

SEVERITY CLASSIFICATION

___ INTERMITTENT ___ MILD PERSISTENT ___ MODERATE PERSISTENT ___ SEVERE PERSISTENT

TRIGGERS

___ POLLENS ___ ANIMALS ___ DUST ___ MOLDS ___ EXERCISE ___ COLDS ___ SMOKE ___ COLD AIR ___ AIR POLLUTION ___ OTHER _____

EXERCISE

___ PREMEDICATE WITH 2 PUFFS OF QUICK RELIEF/BROCHODILATOR MEDICATION 15-20 MINUTES BEFORE EXERCISE.

___ EXERCISE MODIFICATIONS: _____

GREEN ZONE: DOING WELL! PEAK FLOW METER TARGET NUMBER = _____

	LONG TERM CONTROL MEDICINE	HOW MUCH TO TAKE	WHEN TO TAKE IT
*Breathing is good	_____	_____	_____
*No Cough or Wheeze	_____	_____	_____
*Can Work and Play	_____	_____	_____
*Sleeps All Night	*PEAK FLOW READING MORE THAN 80% OF TARGET NUMBER _____		

YELLOW ZONE: GETTING WORSE! GIVE/TAKE QUICK RELIEF MEDICATION NOTIFY PARENTS/GUARDIAN

*Some problem breathing	___ ADD QUICK RELIEF/BRONCHODILATOR MEDICATION**	*SPACER NEEDED	___ YES ___ NO
*Cough, wheeze, tight chest		___ With Mask	___ With Mouthpiece
*Problems working or playing	___ ALBUTEROL/XOPENEX HFA INHALER	2 PUFFS EVERY 4-6 HOURS AS NEEDED	
*Exposure to trigger	___ ALBUTEROL/XOPENEX NEBULIZER DOSE= _____	1 VIAL EVERY 4-6 HOURS AS NEEDED	
*Wakes at night	OTHER: _____		

___ Call allergist's/health care provider's office if Peak Flow drops to yellow zone for more than 24 hours or if symptoms do not improve after using a quick relief inhaler or nebulized albuterol treatment.

*PEAK FLOW READING BETWEEN 50 – 80% OF TARGET NUMBER _____

RED ZONE: MEDICAL ALERT! GIVE/TAKE QUICK RELIEF MEDICATION GET MEDICAL HELP!

*Rescue Medication not helping	**TAKE QUICK RELIEF/BRONCHODILATOR MEDICATION IMMEDIATELY AS LISTED ABOVE.		
*Breathing is hard and fast	*CHECK PEAK FLOW IN 20 MINUTES. IF STILL IN RED ZONE TAKE 2-4 MORE PUFFS OF QUICK RELIEF MEDICATION AND CALL 911! MAY TAKE 2-4 PUFFS EVERY 20 MINUTES FOR UP TO 3 TIMES IN 1 HOUR.		
*Walking and Talking is difficult	*IF IN YELLOW ZONE, FOLLOW YELLOW ZONE PLAN AND CALL THE DOCTOR.		
*Cannot work or Play	OTHER: _____		
	*PEAK FLOW READING BETWEEN 0 – 50% TARGET NUMBER _____		

Doctor/Provider _____ Stamp: _____

Date _____ Phone _____