

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

___ MILD 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 ALBUTEROL 15 MINUTES BEFORE EXERCISE ___ EXERCISE MODIFICATIONS: _____

GREEN ZONE: DOING WELL! PEAK FLOW METER PERSONAL BEST =

	CONTROLLER MEDICATION	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 PERSONAL BEST _____		

YELLOW ZONE: GETTING WORSE! GIVE RESCUE MEDICATION NOTIFY PARENTS/GUARDIAN

*Some problem breathing	ADD RESCUE MEDICATION**	*SPACER NEEDED	___ YES ___ NO
*Cough, wheeze, tight chest	___ ALBUTEROL HFA INHALER	2 PUFFS	EVERY 4-6 HOURS AS NEEDED
*Problems working or playing	___ ALBUTEROL/XOPENEX NEB.	1 VIAL DOSE=	EVERY 4-6 HOURS AS NEEDED
*Exposure to trigger	OTHER: _____		
*Wakes at night	*PEAK FLOW READING BETWEEN 50 – 80% OF PERSONAL BEST _____		

RED ZONE: MEDICAL ALERT! GIVE RESCUE MEDICATION GET MEDICAL HELP

*Rescue Medication not helping	**TAKE RESCUE MEDICATION IMMEDIATELY AS LISTED ABOVE.		
*Breathing is hard and fast	CHECK PEAK FLOW IN 15 MINUTES. IF STILL IN RED ZONE CALL 911! GO TO ER!		
*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% OF PERSONAL BEST _____		

Doctor _____ Stamp:

Date: _____ Phone _____