

Asthma Action Plan for \_\_\_\_\_ DOB: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Pharmacy: \_\_\_\_\_

<p><b>GREEN means GO!</b> Use Control medicine daily</p> <p><b>YELLOW means CAUTION!</b> Add Rescue medicine</p> <p><b>RED means DANGER!</b> Get help from a doctor NOW</p>	<p><b>Asthma Severity:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Intermittent OR Persistent</li> <li><input type="radio"/> Mild</li> <li><input type="radio"/> Moderate</li> <li><input type="radio"/> Severe</li> </ul>	<p><b>Asthma Triggers:</b></p> <ul style="list-style-type: none"> <li style="width: 33%;"><input type="radio"/> Animals (furry or feathered)</li> <li style="width: 33%;"><input type="radio"/> Change in temperature</li> <li style="width: 33%;"><input type="radio"/> Exercise</li> <li style="width: 33%;"><input type="radio"/> Colds/Respiratory infections</li> <li style="width: 33%;"><input type="radio"/> Tobacco Smoke</li> <li style="width: 33%;"><input type="radio"/> Cockroaches</li> <li style="width: 33%;"><input type="radio"/> Strong odors or cologne</li> <li style="width: 33%;"><input type="radio"/> Mold</li> <li style="width: 33%;"><input type="radio"/> Pollen</li> <li style="width: 33%;"><input type="radio"/> Other _____</li> <li style="width: 33%;"><input type="radio"/> Dust</li> </ul>									
<p><b>Peak flow: Height (inches):</b> _____ <b>Predicted Best</b> _____ <b>Personal Best</b> _____</p>											
<p><b>HELPFUL HINTS:</b> Always use a spacer device when using metered dose inhalers <u>and</u> Always rinse your mouth after using controller medicine</p>											
<p><b>CONTROLLED- Green</b> Use CONTROL medicines EVERY DAY. Don't stop taking without talking to your doctor.</p>											
<ul style="list-style-type: none"> <li>Breathing is good</li> <li>No cough or wheeze</li> <li>Can play and work</li> <li>Sleeping well at night</li> </ul> <p>Peak Flow &gt; _____ (80-100% of best)</p>	<p>_____ puffs of _____ times a day, every day.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> _____ puffs of _____ 10-15 min before very active exercise.</p>										
<p><b>CAUTION- Yellow</b> Take your RESCUE medicine and continue your CONTROL medicines.</p>											
<ul style="list-style-type: none"> <li>Coughing (may be worse at night or with exercise)</li> <li>Wheezing</li> <li>Chest tightness</li> <li>Shortness of breath</li> <li>1<sup>st</sup> sign of a cold</li> </ul> <p>Peak flow _____ to _____ (50%-80% of best)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><u>Rescue medicine:</u></td> <td style="width: 33%;"><u>How much to take:</u></td> <td style="width: 33%;"><u>When to take it:</u></td> </tr> <tr> <td>Albuterol _____ <b>OR</b> _____</td> <td><input type="checkbox"/> _____ puffs by inhaler with spacer, if available <b>OR</b> <input type="checkbox"/> Nebulizer</td> <td><input type="checkbox"/> Repeat every 4 hours until back in the green zone <input type="checkbox"/> Other _____</td> </tr> <tr> <td colspan="3"><u>Additional therapy:</u> _____</td> </tr> </table> <ol style="list-style-type: none"> <li>1. Call your doctor if you need to use your rescue medicine <u>for more than 24 hours or 2 times in a week</u></li> <li>2. Always check for improvement in symptoms and/or repeat peak flow meter 10-15 minutes after using rescue medicine. Continue to follow plan.</li> </ol>		<u>Rescue medicine:</u>	<u>How much to take:</u>	<u>When to take it:</u>	Albuterol _____ <b>OR</b> _____	<input type="checkbox"/> _____ puffs by inhaler with spacer, if available <b>OR</b> <input type="checkbox"/> Nebulizer	<input type="checkbox"/> Repeat every 4 hours until back in the green zone <input type="checkbox"/> Other _____	<u>Additional therapy:</u> _____		
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<p><b>SMART Therapy helpful hints</b> SMART Therapy</p>											
<ul style="list-style-type: none"> <li>Ages 4-11 years of age, use a maximum of 8 puffs per day</li> <li>Ages 12 years and older, use a maximum of 12 puffs per day</li> </ul>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><u>Rescue medicine:</u></td> <td style="width: 33%;"><u>How much to take:</u></td> <td style="width: 33%;"><u>When to take it:</u></td> </tr> <tr> <td>_____</td> <td>_____ puffs by inhaler with spacer, if available</td> <td>Repeat every _____ hours until back in the green zone</td> </tr> <tr> <td colspan="3" style="text-align: center;"><b>Contact your doctor if you need to exceed the maximum number of puffs</b></td> </tr> </table>		<u>Rescue medicine:</u>	<u>How much to take:</u>	<u>When to take it:</u>	_____	_____ puffs by inhaler with spacer, if available	Repeat every _____ hours until back in the green zone	<b>Contact your doctor if you need to exceed the maximum number of puffs</b>		
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<p><b>EMERGENCY- Red</b> Take your RESCUE medicine immediately and get help!</p>											
<ul style="list-style-type: none"> <li>Breathing hard and fast</li> <li>Nostrils open wide (flares out)</li> <li>Sinking in of skin between ribs and neck (retracting)</li> <li>Grunting</li> <li>Can't talk or walk well</li> <li>Gray or blue lips or fingernails</li> </ul> <p>Peak Flow &lt; _____ (&lt; 50% of best)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><u>Rescue medicine:</u></td> <td style="width: 33%;"><u>How much to take:</u></td> <td style="width: 33%;"><u>When to take it:</u></td> </tr> <tr> <td>Albuterol _____ <b>OR</b> _____</td> <td><input type="checkbox"/> _____ puffs by inhaler with spacer, if available <b>OR</b> <input type="checkbox"/> Nebulizer</td> <td><input type="checkbox"/> Repeat every 20 minutes for a <b>total</b> of 3 treatments</td> </tr> <tr> <td colspan="3"> <ol style="list-style-type: none"> <li>1. Call your doctor at _____ while giving rescue medicine.</li> <li>2. <b>If you cannot contact your doctor or parent/guardian, call 911 or go directly to the Emergency Department.</b></li> </ol> </td> </tr> </table>		<u>Rescue medicine:</u>	<u>How much to take:</u>	<u>When to take it:</u>	Albuterol _____ <b>OR</b> _____	<input type="checkbox"/> _____ puffs by inhaler with spacer, if available <b>OR</b> <input type="checkbox"/> Nebulizer	<input type="checkbox"/> Repeat every 20 minutes for a <b>total</b> of 3 treatments	<ol style="list-style-type: none"> <li>1. Call your doctor at _____ while giving rescue medicine.</li> <li>2. <b>If you cannot contact your doctor or parent/guardian, call 911 or go directly to the Emergency Department.</b></li> </ol>		
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