

ASTHMA ACTION PLAN

For use of this form see MEDCOM Cir 40-7

GREEN ZONE: Doing Well

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

And if a peak flow meter is used, peak flow more than _____

(80% or more of my best peak flow)

My best peak flow is: _____

Before exercise - - - - - 2 or 4 puffs, 5 to 60 minutes before exercise

YELLOW ZONE: Asthma is Getting Worse

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

- OR -

Peak flow: _____ to _____
(60% - 80% of my best peak flow)

1st → Add: Quick-Relief Medicine and keep taking your GREEN ZONE medicine

_____ (short acting beta-agonist) 2 or 4 puffs, every 20 minutes for up to 1 hour

2nd → If symptoms (and peak flow, if used) return to GREEN ZONE after 1 hr of above treatment:

- Take the quick-relief medicine every 4 hours for 1 to 2 days.
- Double the dose of your inhaled steroid for _____ (7-10) days.

- OR -

if symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment:

- Take _____ (short acting beta-agonist) 2 or 4 puffs or Nebulizer
- Add _____ (oral steroid) mg. per day for _____ (3-10) days.
- Call your Healthcare Provider within _____ hours after taking the oral steroid.

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

- OR -

Peak flow is less than: _____
(< 60% of my best peak flow)

Take this medicine:

- _____ (short acting beta-agonist) 4 or 6 puffs or Nebulizer
- _____ (oral steroid) mg.

Then call your Healthcare Provider - NOW! Go to the hospital or call for an ambulance if:

- You are still in the red zone after 15 minutes and using your nebulizer AND
- You have not reached your Healthcare Provider

DANGER SIGNS!

- Trouble walking/talking due to shortness of breath
- Lips or fingernails are blue

!!!!

Take 4 or 6 puffs of your quick-relief medicine AND
Go to the hospital or call for an ambulance

NOW!

PATIENT IDENTIFICATION

HEALTHCARE PROVIDER'S NAME:

HEALTHCARE PROVIDER'S PHONE

HOSPITAL/EMERGENCY ROOM PHONE

I have read, understand, and have been given a copy of this Action Plan.

(Patient's Signature)

(Date)