

Asthma Action Plan for:

Date:

Date of Birth:

Personal Best Peak Flow Meter Score:

Primary Care Provider:

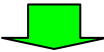
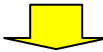

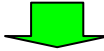



Asthma Triggers: Try to stay away from or control these things:

- | | | | | |
|--------------------------------------|--|---|--|---------------------------------|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Smoke/strong odors | <input type="checkbox"/> Mold | <input type="checkbox"/> Carpet | <input type="checkbox"/> Pollen |
| <input type="checkbox"/> Cockroaches | <input type="checkbox"/> Chalk dust/dust | <input type="checkbox"/> Exercise | <input type="checkbox"/> Tobacco smoke | |
| <input type="checkbox"/> Dust mites | <input type="checkbox"/> Change in temperature | <input type="checkbox"/> Colds/Respiratory infections | | |
| <input type="checkbox"/> Other: | | | | |

Green Zone
You are Breathing
Your Best.

Yellow Zone:
You are **NOT** Breathing
Your Best.

Red Zone:
**CALL YOUR CARE PROVIDER
NOW !**

| | | |
|---|---|---|
| <p>Peak Flow is greater than (80% of your personal best) You:</p> <ul style="list-style-type: none"> • sleep through the night without coughing or wheezing • have no early warning signs of an asthma flare-up • can do usual activities <p style="text-align: right;"></p> | <p>Peak Flow is between and (50%-80% of your personal best peak flow number)</p> <p>You may:</p> <ul style="list-style-type: none"> • cough or wheeze at night or at school • have early warning signs of a flare-up • have trouble doing your usual activities (school, play, work, exercise) • have early signs of a cold <p style="text-align: right;"></p> | <p>Your Peak Flow is less than (50% of your personal best peak flow number) You may:</p> <ul style="list-style-type: none"> • have fast and hard breathing with cough/wheeze • skin is sucked in between ribs, above your breast bone and collarbone or ribs show when breathing • have trouble walking/talking • nostrils open wide <p style="text-align: right;"></p> |
| <p>Take Long-Term CONTROL medications:</p> <p style="text-align: center;"></p> <p>Take quick-relief medicines 15 minutes before exercise:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 20px;"> <p style="text-align: center;"><u>Category of Severity</u></p> <p>Mild Intermittent Mild Persistent Moderate Persistent Severe Persistent</p> </div> | <p>Take QUICK-RELIEF medicines:</p> <p style="text-align: center;"></p> <p>Adjust Long-Term CONTROL medicines as follows until back in Green Zone:</p> <p style="text-align: center;"></p> <p style="text-align: center;">CALL YOUR CARE PROVIDER:</p> <ul style="list-style-type: none"> • if you stay in the Yellow zone for more than days • if your symptoms are getting worse • if you use quick-relief medicine more than every 4 hours. | <p>EMERGENCY Medicine Plan:</p> <p style="text-align: center;"></p> <div style="border: 1px solid red; padding: 10px; text-align: center;"> <p>IF NO IMPROVEMENT, CALL YOUR CARE PROVIDER or GO TO THE EMERGENCY ROOM</p> </div> <p style="text-align: center;">CALL 911 IF</p> <ul style="list-style-type: none"> • <i>your nails or lips are blue</i> • <i>you cannot walk or talk without difficulty breathing</i> • <i>you cannot stop coughing</i> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>PCP -</p> <p>Phone - 828-277-3000</p> </div> |