

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.

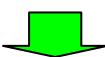
Yellow Zone:
You are NOT Breathing
Your Best.

Red Zone:
CALL YOUR CARE PROVIDER
NOW !

Peak Flow is greater than
(80% of your personal best)

You:

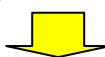
- sleep through the night without coughing or wheezing
- have no early warning signs of an asthma flare-up
- can do usual activities



Peak Flow is between and
(50%-80% of your personal best peak flow number)

You may:

- 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



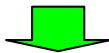
Your Peak Flow is less than
(50% of your personal best peak flow number)

You may:

- 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



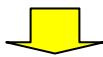
Take Long-Term CONTROL medications:



Take quick-relief medicines 15 minutes before exercise:

Take QUICK-RELIEF medicines:

Adjust Long-Term CONTROL medicines as follows until back in Green Zone:



EMERGENCY Medicine Plan:



**IF NO IMPROVEMENT,
CALL YOUR CARE PROVIDER or
GO TO THE
EMERGENCY ROOM**

CALL 911 IF

- *your nails or lips are blue*
- *you cannot walk or talk without difficulty breathing*
- *you cannot stop coughing*

PCP -

Phone - 828-277-3000

Category of Severity

- Mild Intermittent**
- Mild Persistent**
- Moderate Persistent**
- Severe Persistent**



CALL YOUR CARE PROVIDER:

- 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.

Using the Asthma Action Plan

1. Open the Asthma Action Plan from your shortcut or folder location.
2. Fill in each field of the form
 - a. Once you enter a Peak Flow Meter Score the percentages under each of the three zones will populate.

Asthma Action Plan for: John Smith
 Date of Birth: 01/02/01
 Personal Best Peak Flow Meter Score: 300
 Physician: |
 2/23/12 
 Community Care of North Carolina

Asthma Triggers: Try to stay away from or control these things:	
<input type="checkbox"/> Animals <input type="checkbox"/> Cockroaches <input type="checkbox"/> Dust mites <input type="checkbox"/> Other:	<input type="checkbox"/> Smoke/strong odors <input type="checkbox"/> Chalk dust/dust <input type="checkbox"/> Change in temperature <input type="checkbox"/> Mold <input type="checkbox"/> Exercise <input type="checkbox"/> Colds/Respiratory infections <input type="checkbox"/> Carpet <input type="checkbox"/> Tobacco smoke

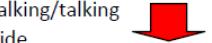
Green Zone
You are Breathing Your Best.

Yellow Zone:
You are NOT Breathing Your Best.

Red Zone:
CALL YOUR CARE PROVIDER NOW!

Peak Flow is greater than 240 (80% of your personal best) You: <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 	Peak Flow is between 150 and 237 (50%-80% of your personal best peak flow number) You may: <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) 	Your Peak Flow is less than 150 (50% of your personal best peak flow number) You may: <ul style="list-style-type: none"> • have fast and hard breathing with cough/wheezing • skin is sucked in between ribs, above your breast bone and collarbone or ribs show when breathing
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- b. Once you begin populating the medications in the Green Zone the medications in the Yellow Zone will “pre-populate” with the same meds. This is done for faster completion of the form itself. The idea is that medications often remain the same between the Green and Yellow Zones and only dosages or frequencies change.

 Can do usual activities Take Long-Term CONTROL medications: Pulmicort Flexhaler 1 Puff Once a Day In addition, take the following medication as prescribed.	 (SCHOOL, play, WORK, EXERCISE) <ul style="list-style-type: none"> • have early signs of a cold Take QUICK-RELIEF medicines: Additional Instructions: Adjust Long-Term CONTROL medicines as follows until back in Green Zone: 	 Show which symptoms: <ul style="list-style-type: none"> • have trouble walking/talking • nostrils open wide EMERGENCY Medicine Plan: Additional Instructions: <div style="border: 2px solid red; padding: 5px; text-align: center;"> IF NO IMPROVEMENT, CALL YOUR CARE PROVIDER or GO TO THE EMERGENCY ROOM </div>
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c. Once you have completed the form, click the Save & Print button at the bottom of the form. This will save the file in the c:\Asthma Action Plan folder of the computer where the Asthma Action Plan is installed. (Note: to save the form, you'll need to have Acrobat Pro or follow the instructions on the following page for installing the Action Plan on your PC).

<p><u>Category of Severity</u></p> <p><input type="radio"/> Mild Intermittent <input checked="" type="radio"/> Mild Persistent <input type="radio"/> Moderate Persistent <input type="radio"/> Severe Persistent</p>	 <p>CALL YOUR CARE PROVIDER:</p> <ul style="list-style-type: none"> • if you stay in the Yellow zone for more than 3 days • if your symptoms are getting worse • if you use quick-relief medicine more than every 4 hours. 	<p><i>difficulty breathing</i> • you cannot stop coughing</p> <p>PCP - Tom Jones</p> <p>Phone - 888-555-1212</p>
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Save & Print 

d. The Asthma Action Plan will have be saved using the name and date of completion. For example the Asthma Action Plan below would be saved as;

C:\Asthma Action Plan\John Smith 02-23-12.pdf

Asthma Action Plan for: John Smith Date of Birth: 01/02/01 Personal Best Peak Flow Meter Score: 300 Physician: Tom Jones

2/23/12  Community Care of North Carolina

<input type="checkbox"/> Animals <input type="checkbox"/> Cockroaches <input type="checkbox"/> Dust mites <input type="checkbox"/> Other:	<input type="checkbox"/> Smoke/strong odors <input type="checkbox"/> Chalk dust/dust <input type="checkbox"/> Change in temperature	<input type="checkbox"/> Mold <input type="checkbox"/> Exercise <input type="checkbox"/> Colds/Respiratory infections	<input type="checkbox"/> Carpet <input type="checkbox"/> Tobacco smoke
Asthma Triggers: Try to stay away from or control these things:			

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

Red Zone:
CALL YOUR CARE PROVIDER NOW !

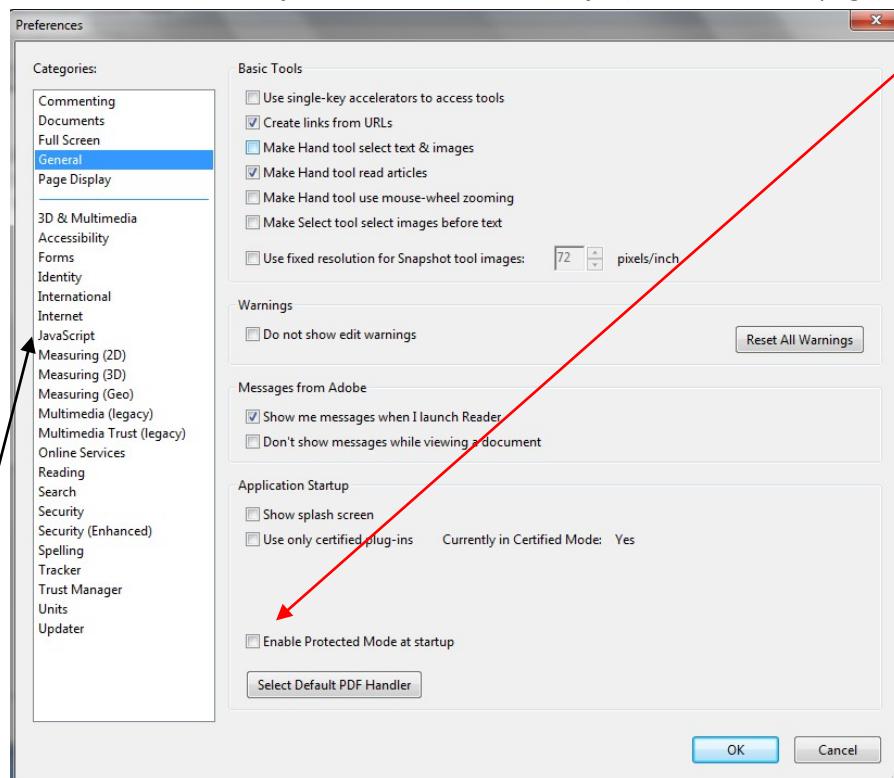
e. Once the process is complete, most EHR systems will allow you to import the Asthma Action Plan into a patient's chart within the EHR.

Download Instructions

1. Go to the Asthma Action Plan folder on the [IC Reports site](https://icreports.n3cn.org/Reports/Pages/Folder.aspx?ItemPath=%2fFile+Share%2fCCNC%2fAsthma+Action+Plan&ViewMode=List) (<https://icreports.n3cn.org/Reports/Pages/Folder.aspx?ItemPath=%2fFile+Share%2fCCNC%2fAsthma+Action+Plan&ViewMode=List>) or navigate to Informatics Center Report Site Home > File Share > CCNC > Asthma Action Plan.
2. Download both files in this folder to a temporary directory on your computer.

Install Instructions

1. There must be a directory on the root of C:\ named **Asthma Action Plan** on the computer where the Asthma Action Plan resides.
 - i. Use Windows Explorer to create a new folder on the root of c:\ name the new folder Asthma Action Plan (Example c:\Asthma Action Plan)
 - b. Place the **Asthma Action Plan Rev-10.pdf** file into the newly created folder (c:\Asthma Action Plan)
2. Place the **myTrustedSpecialTaskFunc.js** file into the following location;
 - a. For Users on **Adobe Reader 10**
 - i. C:\Program Files\Adobe\Reader 10.0\Reader\JavaScripts
 - b. For Users on **Adobe Reader 9**
 - i. C:\Program Files\Adobe\Reader 9.0\Reader\JavaScripts
3. The following changes must be made to Adobe Reader
 - a. From the menu bar in Adobe Reader;
 - i. Click **EDIT**
 - ii. Click **PREFERENCES** (*If you are on Adobe Reader version 9 Skip to step 4*)
 - iii. Click **GENERAL**
 - iv. Make sure that **Enable protected mode at startup** (near bottom of page) **IS NOT checked**



4. Next click JAVASCRIPTS

- I. Make sure that ***Enable Acrobat JavaScript*** IS CHECKED
- II. Make sure that ***Enable menu items JavaScript execution privileges*** IS CHECKED
- III. Click OK

