

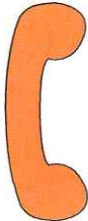



Asthma Action Plan

Name: _____
 Date: _____
 MRN: _____
 DOB: _____

Asthma Severity:
 Exercise Induced
 Intermittent
 Moderate Persistent
 Severe Persistent

Green Zone: Doing Well	Do These Things Every Day!						
 <p>All of these are true:</p> <ul style="list-style-type: none"> Breathing is great! No coughing or wheezing Asthma does not bother sleep or exercise 	<p>Take these medicines every day:</p> <table border="0"> <thead> <tr> <th style="text-align: left;">Medicine</th> <th style="text-align: left;">How to take</th> <th style="text-align: left;">How Often</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>Use 15-20 minutes before exercise: _____</p> <p>Watch out for these triggers: _____</p>	Medicine	How to take	How Often	_____	_____	_____
Medicine	How to take	How Often					
_____	_____	_____					
Yellow Zone: Symptoms Starting	Start Relief Medicine!						
 <p>Any of these are happening:</p> <ul style="list-style-type: none"> Getting a cold Coughing a lot Wheezing Having trouble breathing 	<table border="0"> <thead> <tr> <th style="text-align: left;">Medicine</th> <th style="text-align: left;">How to take</th> <th style="text-align: left;">How Often</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p style="color: #4CAF50;">Keep taking Green Zone Medicine</p>	Medicine	How to take	How Often	_____	_____	_____
Medicine	How to take	How Often					
_____	_____	_____					
Orange Zone: IN TROUBLE	CALL YOUR DOCTOR FOR HELP!						
 <p>Relief medicine is not working:</p> <ul style="list-style-type: none"> Medicine not lasting 4 hours – symptoms coming back too soon Constant coughing Awake all night from asthma Needing more than 4 doses of relief medicine in one day 	<p>Doctor's Name: _____</p> <p>Doctor's Phone Number: _____</p> <table border="0"> <thead> <tr> <th style="text-align: left;">Medicine</th> <th style="text-align: left;">How to take</th> <th style="text-align: left;">How Often</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>If you cannot reach your doctor and symptoms continue, go to urgent care or ER</p>	Medicine	How to take	How Often	_____	_____	_____
Medicine	How to take	How Often					
_____	_____	_____					
Red Zone: IN DANGER	GET HELP NOW!						
 <p>Breathing is bad:</p> <ul style="list-style-type: none"> Gasping (breathing hard and fast) Ribs show when breathing Neck or stomach caving in Hard to talk or walk 	<p>Go to Closest ER or Dial 9-1-1</p> <p>On the way take:</p> <table border="0"> <thead> <tr> <th style="text-align: left;">Medicine</th> <th style="text-align: left;">How to take</th> <th style="text-align: left;">How Often</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Medicine	How to take	How Often	_____	_____	_____
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