

Asthma Action Plan

Directions to the Provider:

The purpose of this Asthma Action Plan is to help families become proactive and anticipatory with respect to asthma exacerbations and their control. The Asthma Action Plan should be used as an education and communication tool between the provider and the patient and his or her family. The patient/family should be able to demonstrate an understanding of the plan and the appropriate use of medicines.

This form has been designed for the primary care provider to use with families who need a relatively simple asthma management regimen. Once a family has become more informed about asthma, a plan can be developed with additional flexibility in treatment.

Families should be given additional educational materials about asthma, peak flow monitoring, and environmental control. A spacer should be prescribed for all patients using an MDI.

Give the top two copies of the form to the family, with instructions to give one copy to the child's school or day care. Keep one copy for your records.

Children over the age of six may be given peak flow meters to monitor their asthma. Parents of children under the age of six should use symptoms to determine the child's zone.

Zone Instructions:

The "Personal Best" peak flow should be determined when the child is symptom-free. A diary can be used to determine personal best, and usually are part of the peak flow meter package. A peak flow reading should be taken at all asthma visits and personal best should be redetermined regularly. Because peak flow meters vary in recording peak flow, instruct your patients to bring their peak flow meter to every visit.

Green: List all daily medicines. Fill in actual numbers, not percentages, for peak flow readings. Green zone is 100%—80% of personal best, or when no symptoms are present.

Yellow: Add medicines to be taken in the yellow zone and instruct the patient to continue with green zone medicines. Yellow zone is 80%—50% of personal best, or when the listed symptoms are present. Include **how long** to continue taking these medicines and when to contact the provider.

Red: List any medicines to be taken while waiting to speak to the provider or preparing to go to the emergency room. Red zone is 50% or below personal best, or when the listed symptoms are present.

Peak Flow Chart:

Personal Best—100%	100	110	120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300	310	320
Yellow—80%	80	90	95	105	110	120	130	135	145	150	160	170	175	185	190	200	210	215	225	230	240	250	255
Red—50%	50	55	60	65	70	75	80	85	90	95	100	105	110	115	120	125	130	135	140	145	150	155	160

Personal Best—100%	330	340	350	360	370	380	390	400	420	440	460	480	500	520	540	560	580	600	620	640	660	680	700
Yellow—80%	265	270	280	290	295	305	310	325	335	350	370	385	400	415	430	450	465	480	495	510	535	545	560
Red—50%	165	170	175	180	185	190	195	200	210	220	230	240	250	260	270	280	290	300	310	320	330	340	350

Asthma Action Plan

Name	Date
Doctor	Medical Record #
Doctor's Office Phone #: Day	Night/Weekend
Emergency Contact	
Doctor's Signature	



The Colors of a traffic light will help you use your asthma medicines.

Green means Go Zone!
Use preventive medicine.

Yellow Means Caution Zone!
Add quick-relief medicine.

Red means Danger Zone!
Get help from a doctor.

Personal Best Peak Flow _____

GO

You have ***all*** of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work and play

Peak flow from _____ to _____

CAUTION

You have ***any*** of these:

- First signs of a cold
- Exposure to known trigger
- Cough
- Tight chest
- Mild wheeze
- Coughing at night

Peak flow from _____ to _____

DANGER

Your asthma is getting worse fast:

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Ribs show
- Can't talk well

Peak flow reading below _____

Use these daily preventive anti-inflammatory medicines:

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

For asthma with exercise, take:

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Continue with green zone medicine and add:

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

CALL YOUR PRIMARY CARE PROVIDER.

Take these medicines and call your doctor now.

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

GET HELP FROM A DOCTOR NOW! Do not be afraid of causing a fuss. Your doctor will want to see you right away. It's important! If you cannot contact your doctor, go directly to the emergency room. **DO NOT WAIT.**

Make an appointment with your primary care provider within two days of an ER visit or hospitalization.

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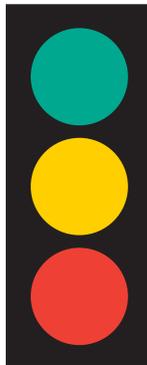
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Plan de Acción para el Asma

Nombre	Fecha
Médico	# Récord médico
Médico Día #	Noche/Fin de semana
En case de emergencia #	
Firma del Médico	



Los colores de un semáforo le ayudarán a usar sus medicinas para el asma.

Verde representa la ¡Zona de Proceder!
Use medicinas preventivas.

Amarillo representa la ¡Zona de Precaución!
Añada medicinas para alivio rápido.

Rojo significa la ¡Zona de Peligro!
Busque inmediatamente ayuda de un médico.

Su meor marca en el mejor de capacidad pulmonar _____

PROCEDER

Usted tiene todos estos:

- Respira bien
- No hay tos ni adeo con silbido
- Dueme toda la noche
- Puede trabajar y jugar

Medida máxima de _____ a _____

Use estas medicinas ant-inflamatorias preventivas diariamente.

MEDICINA	CUÁNTO	CUÁNTAS VECES/CUÁNDO

Para el asma cuando practica ejercicio, tome:

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PRECAUCIÓN

Usted tiene cualquiera de estos:

- Las primeras señales de un resfriado
- Se ha expuesto a algo que provoca el asma
- Tos
 - Silbido leve
- Pecho apretado
 - Tos por la noche

Medida máxima de _____ a _____

Continúe con su medicina de zona verde, y AÑADA:

MEDICINA	CUÁNTO	CUÁNTAS VECES/CUÁNDO

LLAME A SU PROVEEDOR DE ATENCIÓN PRIMARIA.

PELIGRO

Su asma empeora rápidamente:

- Las medicinas no ayudan
- Sus respiración es fuerte y rápido
- La nariz se abre ampliamente
- Puede ver sus costillas
- No puede hablar bien

Alcance el máximo leer de flujo abajo _____

Tome estas medicinas y llame a su médico inmediatamente.

MEDICINA	CUÁNTO	CUÁNTAS VECES/CUÁNDO

¡OBTENGA AYUDA DE UN MÉDICO AHORA MISMO! No tenga miedo de causar un alboroto. Su médico querrá verle inmediatamente. ¡Es importante! Si no se puede poner en contacto con su médico, vaya directamente a la sala de emergencia. **NO ESPERE.**

Haga una cita con su médico dentro de dos días a partir de una visita a la sala de emergencia o de una hospitalización.