

LET'S TAKE CONTROL OF ASTHMA!



Asthma Action Plan
Printed on 8.5" x 11" paper

Name: _____ Date: _____
 Address: _____
 Phone: _____
 Email: _____

Healthcare Provider: _____
 Specialty: _____
 Address: _____
 Phone: _____

Take Your Asthma Seriously - Take Control Now!

Green Zone - Good
 No symptoms or symptoms are mild and infrequent. Use your controller medicine as prescribed. If you have symptoms more often than you should, or if you need your rescue inhaler more often than you should, you may be in the yellow zone.

Yellow Zone - Getting Better
 Symptoms are getting better, but you still need your rescue inhaler more often than you should. Use your controller medicine as prescribed. If you have symptoms more often than you should, or if you need your rescue inhaler more often than you should, you may be in the red zone.

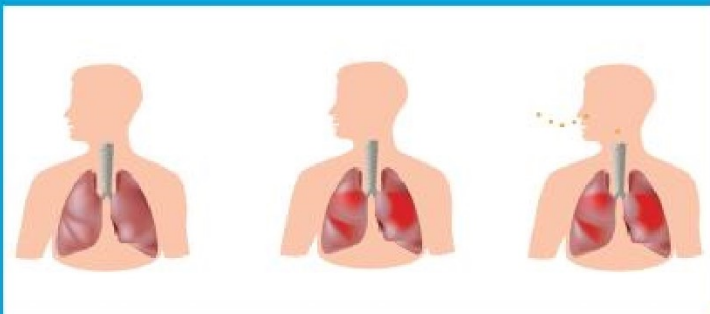
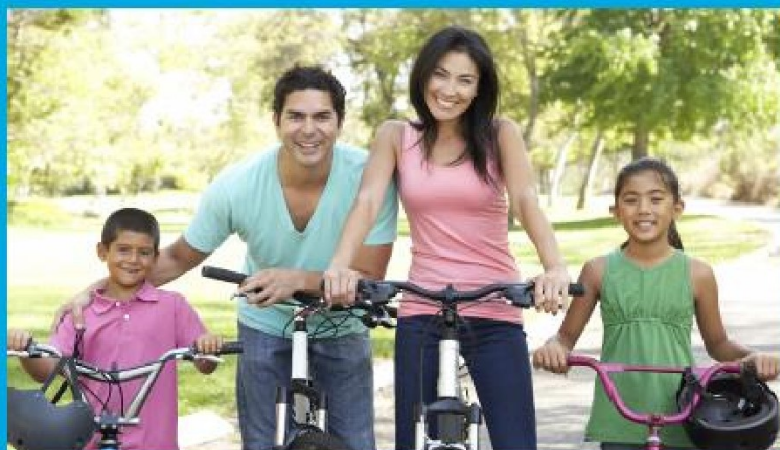
Red Zone - Not Good
 Symptoms are getting worse, and you need your rescue inhaler more often than you should. Use your controller medicine as prescribed. If you have symptoms more often than you should, or if you need your rescue inhaler more often than you should, you may be in the red zone.

When to Call Your Healthcare Provider

Call your healthcare provider if you have any of the following symptoms:

- Waking up at night with asthma symptoms
- Using your rescue inhaler more often than you should
- Feeling like you can't breathe
- Feeling like you're not getting enough air
- Feeling like you're not getting enough energy
- Feeling like you're not getting enough sleep
- Feeling like you're not getting enough food
- Feeling like you're not getting enough water
- Feeling like you're not getting enough exercise
- Feeling like you're not getting enough rest
- Feeling like you're not getting enough love

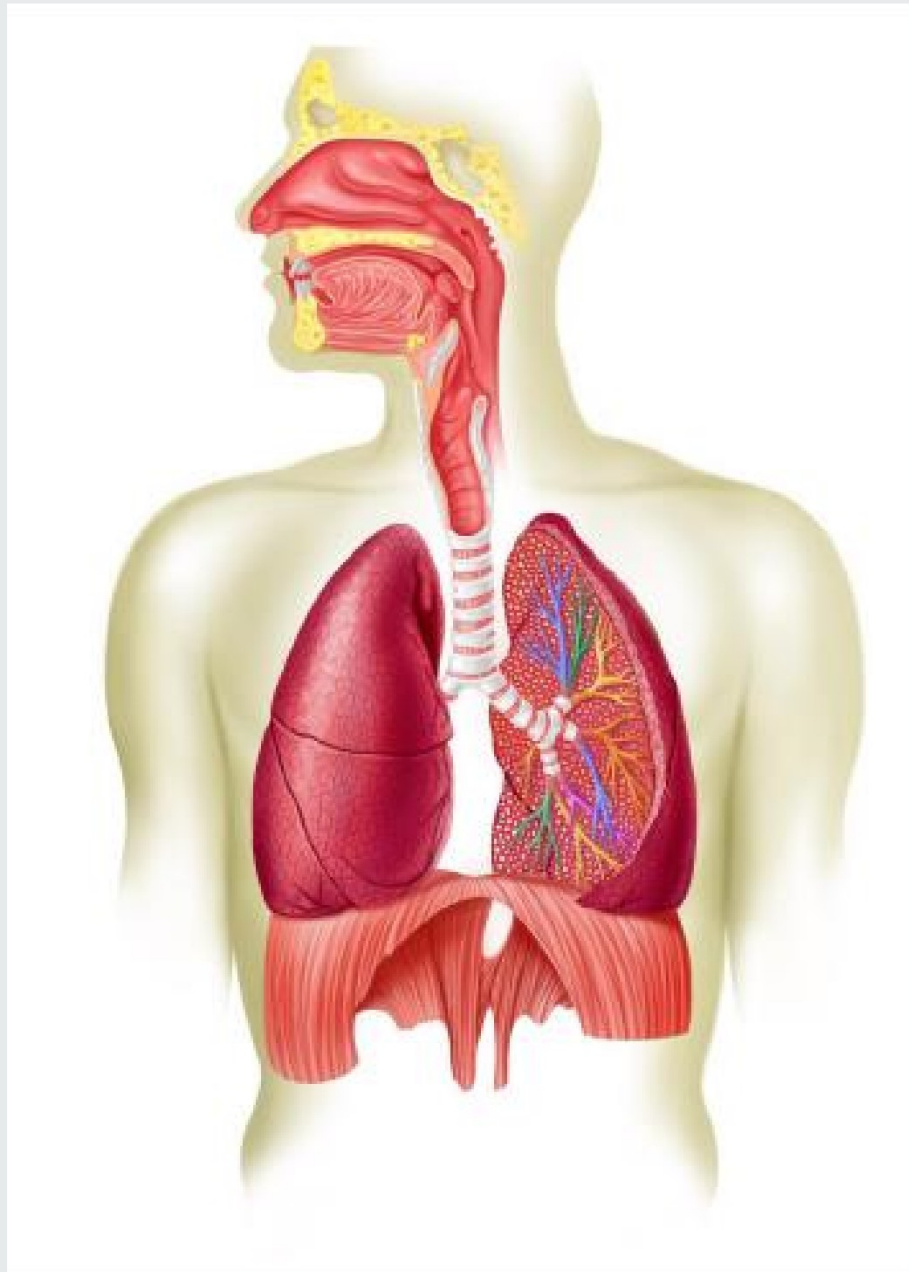
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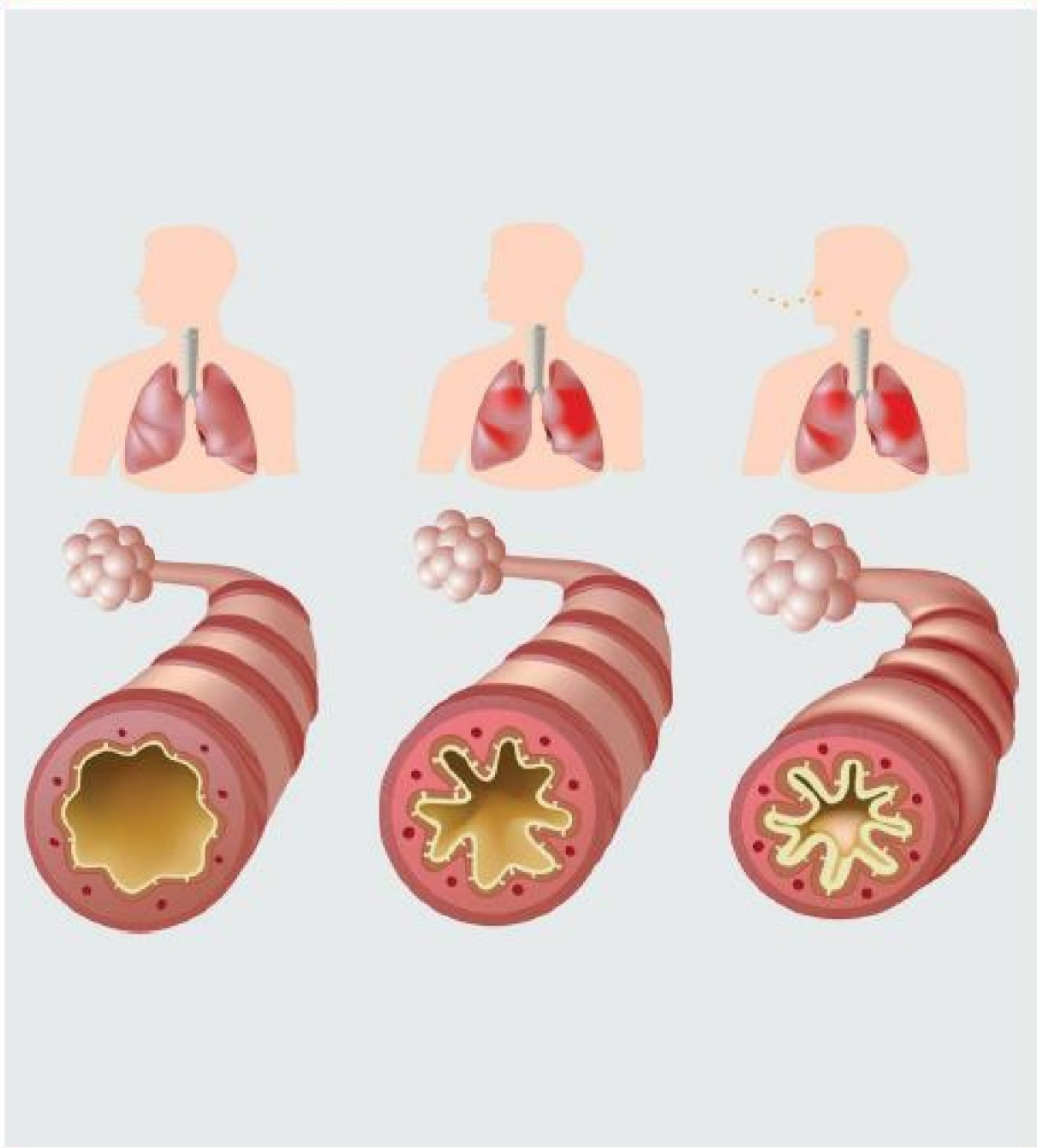


Asthma Coalition
 of Brooklyn & Queens



AMERICAN LUNG ASSOCIATION.

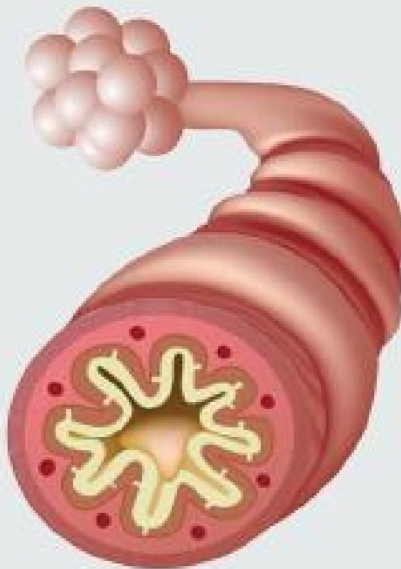


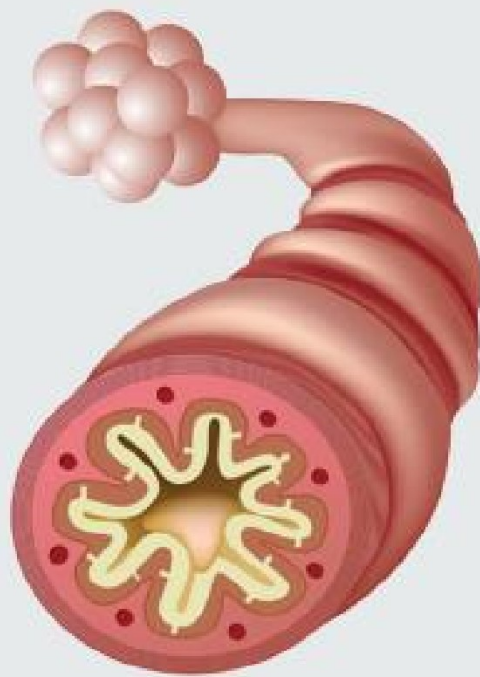






RESCUE MEDICINE





CONTROLLER MEDICINES



Asthma Action Plan

(To be completed by health care provider)

Medical Record #

Updated On

Name

Date of Birth

Address

Emergency Contact/Phone

Health Care Provider Name

Phone

Fax

Asthma Severity: ☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent

Asthma Triggers: ☐ Colds ☐ Exercise ☐ Animals ☐ Dust ☐ Smoke ☐ Food ☐ Weather ☐ Other

**If Feeling Well
(Green Zone)**

Take Every Day Long – Term Control Medicines

You have all of these:

- Breathing is good
- No cough or wheeze
- Can work/play
- Sleeps all night

Peak flow in this area:

_____ to _____

MEDICINE:	HOW MUCH:	WHEN TO TAKE IT:

5-15 minutes before exercise use this medicine

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**If Not Feeling Well
(Yellow Zone)**

**Take Every Day Medicines, and
(Add) these Quick-Relief Medicines**

You have any of these:

- Cough
- Wheeze
- Tight chest
- Coughing at night

Peak flow in this area:

_____ to _____

MEDICINE:	HOW MUCH:	WHEN TO TAKE IT:

Call doctor if these medicines are used more than two days a week.

**If Feeling Very Sick
(Red Zone)**

Take These Medicines and Get help from a Doctor NOW!

Your asthma is getting worse fast:

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

Peak flow reading below:

MEDICINE:	HOW MUCH:	WHEN TO TAKE IT:

SEEK EMERGENCY CARE or CALL 911 NOW if: Lips are bluish, swelling, worse fast, hard to breathe, can't talk or cry because of hard breathing or has passed out

Make an appointment with your primary care provider within two days if a ER visit or hospitalization

Health Care Provider Signature

Date

Parent/Guardian Signature (I have read and understood these instructions)

Date

WHITE - Patient Copy
PINK - School/Day Care Copy
YELLOW - Emergency Copy

