


Asthma Action Plan




Endorsed by Partners of the Green Bay Area Asthma Coalition

	Name: _____ MR# _____
	Emergency contact: _____ Phone: _____
	Health care provider: _____ Phone: _____
	Date: _____


GREEN ZONE Doing Well

<p>Symptom FREE or Mild Symptoms</p> <ul style="list-style-type: none"> • Mild or no cough, wheezing, chest tightness or shortness of breath day or night • Can do usual activities • No missed work or school • Continue maintenance medications <p style="text-align: center;">My BEST Peak Flow</p> <div style="border: 1px solid black; width: 60px; margin: 0 auto; height: 20px;"></div> <p style="text-align: center;"><i>Green Zone Peak Flow Range (80-100% of my personal best)</i></p> <div style="border: 1px solid black; width: 150px; margin: 0 auto; height: 20px;"></div>	<p style="text-align: center;">Take These Long-term Control Medications Every Day</p> <p>My prescription: Drug _____ Dosage _____</p> <p>How often: _____</p> <p>This medication is a:</p> <p><input type="checkbox"/> Maintenance bronchodilator or <input type="checkbox"/> Maintenance anti-inflammatory <input type="checkbox"/> Other _____</p> <p>My prescription: Drug _____ Dosage _____</p> <p>How often: _____</p> <p>This medication is a:</p> <p><input type="checkbox"/> Maintenance bronchodilator or <input type="checkbox"/> Maintenance anti-inflammatory <input type="checkbox"/> Other _____</p> <p style="text-align: center;">For Quick Relief (if needed more than 2x per week contact physician)</p> <p>My prescription: Drug _____ Dosage _____</p> <p>How often: _____</p> <p>This medication is a rescue bronchodilator</p> <p><input type="checkbox"/> May use _____ puffs 20 minutes prior to exercise</p>
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YELLOW ZONE Asthma Worsening

<p>Symptoms:</p> <ul style="list-style-type: none"> • Increased coughing, wheezing or chest tightness • Some shortness of breath • Waking at night due to asthma • Usual activities may be limited <p style="text-align: center;"><i>Yellow Zone Peak Flow Range (60-80% of my personal best)</i></p> <div style="border: 1px solid black; width: 150px; margin: 0 auto; height: 20px;"></div> <p style="text-align: center;"><i>Monitor your symptoms or check peak flows 2 times daily</i></p> <p style="text-align: center;"><i>If you use your quick relief inhaler or awaken more than 2 times per week due to asthma, your asthma may be out of control. Consult physician.</i></p>	<div style="text-align: center; margin-bottom: 20px;">  <p>1st</p> </div> <p>Begin Quick Relief Medication <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs <input type="checkbox"/> Nebulizer May take 3 times, 20 minutes apart for first hour. Continue with ALL Long-term Control Medications!!</p> <div style="text-align: center; margin-bottom: 20px;">  <p>2nd</p> </div> <p>If your symptoms (and Peak Flows) return to GREEN ZONE after 1 hour of first step instructions above.</p> <p><input type="checkbox"/> Take quick relief medication every 4 hours for 1-2 days</p> <p><input type="checkbox"/> Change long term controller medication by: _____</p> <div style="text-align: center; margin-bottom: 20px;">  <p>3rd</p> </div> <p>If you continue in the YELLOW ZONE after steps 1 and 2 above:</p> <p><input type="checkbox"/> Contact your physician</p> <p><input type="checkbox"/> Change long term controller medication by: _____</p> <p><input type="checkbox"/> ADD oral steroid medication: _____</p> <p>My prescription: Drug _____ Dosage _____</p> <p>How often: _____</p>
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RED ZONE Medical Alert

<p>Symptoms:</p> <ul style="list-style-type: none"> • Very short of breath • Quick relief medication not helping • Cannot do usual activities <p style="text-align: center;">Red Zone Peak Flow Range</p> <div style="border: 1px solid black; width: 150px; margin: 0 auto; height: 20px;"></div> <p style="text-align: center;"><i>(< 60% of my personal best)</i></p> <p>Emergency Phone Number _____</p>	<div style="text-align: center; margin-bottom: 20px;">  <p>1st</p> </div> <p>Begin Quick Relief Medication <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs <input type="checkbox"/> Nebulizer May take 3 times, 20 minutes apart for one hour. Call your doctor if you remain in the Red Zone after 1 hour of treatment</p> <p>⇒ Seek Medical Help Immediately if:</p> <p><input type="checkbox"/> Still in red zone after 15 minutes following the 3 dosages of quick relief instructions above</p> <p><input type="checkbox"/> You have been unable to reach your physician/health care provider</p> <p><input type="checkbox"/> _____</p> <p>⇒ Call an ambulance if:</p> <p><input type="checkbox"/> You have trouble walking or talking due to shortness of breath</p> <p><input type="checkbox"/> Lips or fingernails are bluish in color</p>
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