

# Asthma Action Plan

Provider's Name: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_ Provider's Phone #: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Facility/Clinic: \_\_\_\_\_  
 Completed by: \_\_\_\_\_ Date: \_\_\_\_\_ Clinic's Phone #: \_\_\_\_\_

Hospital/Emergency  
 Phone Number:  
 \_\_\_\_\_

## My Asthma Medications:

Controller Medicines	How Much to Take	How Often	Other Instructions
	_____	times per day <b>EVERY DAY!</b>	
	_____	times per day <b>EVERY DAY!</b>	
	_____	times per day <b>EVERY DAY!</b>	
oral steroids	_____	_____	
Rescue Medicine (Quick-Relief)	How Much to Take		Other Instructions
short-acting beta2-agonist	Take ONLY as needed and use a spacer (see below - starting in Yellow Zone or in Green Zone before exercise)		NOTE: If you need this medicine more than two days a week, call your provider to consider increasing controller medications and discuss your treatment plan.

**Peak Flow:** I will use my peak flow to monitor my asthma. My last personal best peak flow was: \_\_\_\_\_

Special instruction when I am \_\_\_\_\_

<b>GREEN ZONE</b>	<p><b>Doing Well</b></p> <ul style="list-style-type: none"> <li>- No cough, wheeze, chest tightness, or shortness of breath during the day or night</li> <li>- Can do usual activities</li> </ul> <p><b>Peak flow:</b> is _____ or more. (80% or more of personal best)</p>	<p><b>Prevent asthma symptoms every day:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Take my controller medicines (above) every day.</li> <li><input type="checkbox"/> Before exercise (~20 minutes) take _____ puff(s) of my rescue medicine.</li> <li><input checked="" type="checkbox"/> Avoid things that make my asthma worse. My asthma triggers are: _____ (See back page for how to avoid/manage triggers.)</li> </ul>
	<p>Getting <b>Worse</b></p> <ul style="list-style-type: none"> <li>- Cough, wheeze, chest tightness, or shortness of breath, or</li> <li>- Waking at night due to asthma, or</li> <li>- Can do some, but not all, usual activities.</li> </ul> <p><b>Peak flow:</b> _____ to _____ (50 to 79% of personal best)</p>	<p><b>Caution. Continue taking my controller medicine every day, AND:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Take 2 to 6 puffs or one nebulizer of my rescue medicine every 20 minutes, for up to 1 hour.                             <ul style="list-style-type: none"> <li>- If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment, continue monitoring to be sure you stay in green zone.</li> <li>- If your symptoms do not return to GREEN ZONE after 1 hour of above treatment</li> </ul> </li> <li><input type="checkbox"/> Take _____ puffs or 1 nebulized treatment of my rescue medicine every 4 hours, for _____ days</li> <li><input type="checkbox"/> Add Oral Steroid (see above) for _____ (4-7) days</li> <li><input type="checkbox"/> Call my provider before/ after starting the oral steroid.</li> </ul>
	<p><b>Medical Alert</b></p> <ul style="list-style-type: none"> <li>- Very short of breath, or</li> <li>- Quick-relief medicines have not helped, or</li> <li>- Cannot do usual activities, or</li> <li>- Symptoms are same or get worse after 24 hours in Yellow Zone.</li> </ul> <p><b>Peak flow:</b> less than _____ (50% of personal best)</p>	<p><b>Get help!</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Take 4 to 8 puffs or 1 nebulizer treatment of my rescue medicine (may repeat every 20 minutes).</li> <li><input type="checkbox"/> Take 1<sup>st</sup> dose of Oral Steroid (see above).</li> <li><input checked="" type="checkbox"/> Call 911 or the emergency number NOW!</li> </ul>

**Danger! Get help immediately! Go to the hospital or call 911 if lips or fingers are gray or blue, or have trouble walking or cannot talk in complete sentences due to shortness of breath.**

The Date of Your Next Appointment is: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## *Controlling Things That Make Asthma Worse*

### **SMOKE**

- Do not smoke. Attend classes to help stop smoking.
- Do not allow smoking in the home or car. Remaining smoke smell can trigger asthma.
- Stay away from people who are smoking.

### **DUST**

- Vacuum weekly with a vacuum with a high efficiency filter or a central vacuum. Try to make sure people with asthma are not home during vacuuming.
- Remove carpet if possible. Wet carpet before removing and dry floor completely.
- Damp mop floors weekly.
- Wash bedding and stuffed toys in hot water every 1-2 weeks.
- Cover mattresses and pillows in dust-mite proof zippered covers.
- Reduce clutter and remove stuffed animals, especially around the bed.
- Replace heating/cooling system filters regularly.

### **PESTS**

- Do not leave food or garbage out. Store food in airtight containers.
- Try using traps and poison baits, such as boric acid for cockroaches. Instead of sprays/bombs, use baits placed away from children, such as behind refrigerator.
- Vacuum up cockroach bodies and fill holes in with caulking or copper wool.
- Fix leaky plumbing, roof, and other sources of water.

### **MOLD**

- Use exhaust fans or open windows for cross ventilation when showering or cooking.
- Clean mold off hard surfaces with detergent in hot water and scrub with stiff brush or cleaning pad, then rinse clean with water. Absorbent materials with mold may need to be replaced.
- Make sure people with asthma are not in the room when cleaning.
- Fix leaky plumbing or other sources of water or moisture.

### **ANIMALS**

- Consider not having pets.
- Keep pets out of the bedroom of the person with asthma.
- Wash your hands and the hands of the person with asthma after petting animals.

### **ODORS/SPRAYS**

- Avoid using strongly scented products, such as home deodorizers and incense, and perfumed laundry products and personal care products
- When cleaning, keep person with asthma away and don't use strong smelling cleaning products.
- Avoid aerosol products.
- Avoid strong or extra strength cleaning products.
- Avoid ammonia, bleach, and disinfectants.

### **POLLEN AND OUTDOOR MOLDS**

- Try to stay indoors when pollen and mold counts are high.
- Keep windows closed during pollen season.
- Avoid using fans; use air conditioners.

### **COLDS/FLU**

- Keep your body healthy with enough exercise and sleep.
- Avoid close contact with people who have colds.
- Wash your hands frequently and avoid touching your hands to your face.
- Get an annual flu shot.

### **WEATHER AND AIR POLLUTION**

- If cold air is a problem, try breathing through your nose rather than your mouth and covering up with a scarf.
- Check for Spare the Air days and nights and avoid strenuous exercise at those times.
- On very bad pollution days, stay indoors with windows closed.

### **EXERCISE**

- Warm up before exercising.
- Plan alternate indoor activities on high pollen or pollution days.
- If directed by physician, take medication before exercise. (See Green Zone of Asthma Action Plan.)

