

# Asthma Action Plan **ACT SCORE:** \_\_\_\_\_

IMPORTANT INFO	EXERCISE-INDUCED FLARE-UP
Name: _____	Instructions for an exercise-induced asthma flare-up Medicine: _____ How much: _____ When: _____ Additional instructions: _____
Date: _____	
Doctor name: _____	
Doctor phone: _____	
Emergency contact: _____	
Emergency phone: _____	
<b>TRIGGERS:</b> <input type="checkbox"/> pollen <input type="checkbox"/> mold <input type="checkbox"/> dust mites <input type="checkbox"/> animals <input type="checkbox"/> smoke <input type="checkbox"/> food <input type="checkbox"/> exercise <input type="checkbox"/> cold/flu <input type="checkbox"/> weather <input type="checkbox"/> air pollution <input type="checkbox"/> other _____	

## The GREEN Zone

(also known as the safety zone)

<p><b>Symptoms</b></p> <ul style="list-style-type: none"> <li>Breathing is easy</li> <li>No cough or wheeze</li> <li>Can do usual activities</li> <li>Can sleep through the night</li> </ul> <p>Peak flow from <input type="text"/> to <input type="text"/></p>	<p><b>Use these controller medicines as listed:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Medicine</th> <th style="width: 20%;">How much</th> <th style="width: 30%;">How often / when</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Medicine	How much	How often / when									
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## The YELLOW Zone

(also known as the caution zone)

<p><b>Symptoms</b></p> <ul style="list-style-type: none"> <li>Some shortness of breath</li> <li>Cough, wheeze, or chest tightness</li> <li>Some difficulty doing usual activities</li> <li>Sleep disturbed by symptoms</li> <li>Symptoms of a cold or flu</li> </ul> <p>Peak flow from <input type="text"/> to <input type="text"/></p>	<p><b>Continue with controller medicines as above, and add these rescue medicines:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Medicine</th> <th style="width: 20%;">How much</th> <th style="width: 30%;">How often / when</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Call your doctor if: <input style="width: 100%;" type="text"/></p>	Medicine	How much	How often / when						
Medicine	How much	How often / when								

## The RED Zone

(also known as the danger zone)

<p><b>Symptoms</b></p> <ul style="list-style-type: none"> <li>Severe breathing problems</li> <li>Cannot do usual activities</li> <li>Difficulty walking and talking</li> <li>Rescue medicine is not helping</li> </ul> <p>Peak flow from <input type="text"/> to <input type="text"/></p>	<p><b>Take this medicine and call the doctor now!</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Medicine</th> <th style="width: 20%;">How much</th> <th style="width: 30%;">How often / when</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <div style="background-color: red; color: white; padding: 5px; text-align: center; margin-top: 5px;"> <p><b>If symptoms don't improve and you can't contact the doctor, go to the hospital or call 911.</b></p> </div>	Medicine	How much	How often / when						
Medicine	How much	How often / when								

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

DATE REVIEWED \_\_\_\_\_ Date \_\_\_\_\_

DATE COPY WAS PROVIDED TO MEMBER \_\_\_\_\_ Date \_\_\_\_\_

IF PLAN WAS MAILED, DATE OF MAILING \_\_\_\_\_ Date \_\_\_\_\_