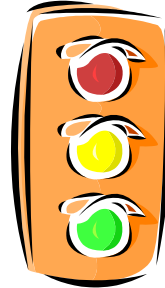




ASTHMA ACTION PLAN

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

Patient's Name	DOB	Effective Date ___/___/___ to ___/___/___
Doctor's Name	Parent/ Guardian's Name	
Doctor's Office Phone Number	Parent/ Guardian's Phone Number	
Emergency Contact after Parent	Contact Phone	



Personal Best Peak Flow: _____
Personal Peak Flow Ranges

RED means Danger Zone! --
Get help from a doctor. _____

YELLOW means Caution Zone! Add prescribed yellow medicine. _____

GREEN means Go Zone! --
Use preventive medicine. _____

GO (Green) → Use these medications every day.

You have all of these:

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

And/ or personal peak flow above 80 %

Medicine/ Dosage	How much to take	When to take it
Comments		

For exercise, take:

--	--	--

CAUTION (Yellow) → Continue with green zone medicine and ADD:

You have any of these:

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

And/ or personal peak flow from 80%
To 50%

Medicine/ Dosage	How much to take	When to take it
Comments		

If Quick Reliever/ Yellow Zone medicines are used more than 2 to 3 times per week, CALL your Doctor.

DANGER (Red) → Take these medicines and call your doctor.

Your asthma is getting worse fast:

- Medicine is not helping within 15-20 minutes.
- Breathing is hard and fast.
- Nose opens wide.
- Ribs show.
- Lips are blue.
- Fingernails are blue.
- Trouble walking or talking.

And/ or personal peak flow below 50%

Medicine/ Dosage	How much to take	When to take it
Comments		

GET HELP FROM A DOCTOR NOW!

If you cannot contact your doctor, go directly to the emergency room. DO NOT WAIT.

Trigger List:

- Chalk dust
- Cigarette smoke
- Colds/Flu
- Dust or dust mites
- Stuffed animals
- Carpet
- Exercise
- Mold
- Ozone alert days
- Pests
- Pets
- Plants, flowers, cut grass, pollen
- Strong odors, perfume, cleaning products
- Sudden temperature change
- Wood smoke
- Foods: _____
- Other: _____

Adapted from: NYC DOHMH and Pediatric/ Adult Asthma Coalition of New Jersey.

www.fha.state.md.us/mch

www.MarylandAsthmaControl.org

www.mdaap.org

How to Use this Form

The Asthma Action Plan is to be completed by a primary care provider for each individual (child or adult) that has been diagnosed with asthma. The Asthma Action Plan should be regularly modified to meet the changing needs of the patient and medicine regimes. The provider should be prepared to work with families to gain an understanding of how and when the Asthma Action Plan should be used. *Please complete all sections of the Asthma Action Plan. Please write legibly, and refrain from using abbreviations.*

The Asthma Action Plan is an education and communication tool to be used between the health care provider and the patient, with their family and caregivers, to properly manage asthma and respond to asthma episodes. The patient, and their family or caregivers, should fully understand the Asthma Action Plan, especially related to using the peak flow meter, recognizing warning signs, and administering medicines. Patients, families, and caregivers should be given additional educational materials related to asthma, peak flow monitoring, and environmental control.

Persons with asthma, parents, grandparents, extended family, neighbors, school staff, and childcare providers are among the persons that should use the Asthma Action Plan.

A spacer should be prescribed for all patients using a metered-dose inhaler (MDI).

Children over the age of six years may be given peak flow meters to monitor their asthma and determine the child's zone.

Parents of children under the age of six years 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 is usually part of a 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, please instruct your patients to bring their personal peak flow meter to every visit.

Green: Green Zone is 100 percent to 80 percent of personal peak flow best, or when no symptoms are present.

List all daily maintenance medicines. Fill in actual numbers, not percentages, for peak flow readings.

Yellow: Yellow zone is 80 percent to 50 percent of personal peak flow best, or when the listed symptoms are present.

Add medicines to be taken in the yellow zone and instruct the patient to continue with green zone (maintenance) medicines. Include **how long** to continue taking yellow (quick reliever) medicines and when to contact the provider.

Red: Red zone is 50 percent or below of personal peak flow best, or when the listed symptoms are present.

List any medicines to be taken while waiting to speak to a provider or preparing to go to the emergency room.

Peak Flow Chart

Green 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

Green 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