

Asthma Action Plan

Directions to the Provider:

The purpose of this Asthma Action Plan is to help families become proactive and anticipatory with respect to asthma exacerbations and their control. The Asthma Action Plan should be used as an education and communication tool between the provider and the patient and his or her family. The patient/family should be able to demonstrate an understanding of the plan and the appropriate use of medicines.

This form has been designed for the primary care provider to use with families who need a relatively simple asthma management regimen. Once a family has become more informed about asthma, a plan can be developed with additional flexibility in treatment.

Families should be given additional educational materials about asthma, peak flow monitoring, and environmental control. A spacer should be prescribed for all patients using an MDI.

Give the top two copies of the form to the family, with instructions to give one copy to the child's school or day care. Keep one copy for your records.

Children over the age of six may be given peak flow meters to monitor their asthma. Parents of children under the age of six 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 usually are part of the 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, instruct your patients to bring their peak flow meter to every visit.

Green: List all daily medicines. Fill in actual numbers, not percentages, for peak flow readings. Green zone is 100%—80% of personal best, or when no symptoms are present.

Yellow: Add medicines to be taken in the yellow zone and instruct the patient to continue with green zone medicines. Yellow zone is 80%—50% of personal best, or when the listed symptoms are present. Include how long to continue taking these medicines and when to contact the provider.

Red: List any medicines to be taken while waiting to speak to the provider or preparing to go to the emergency room. Red zone is 50% or below personal best, or when the listed symptoms are present.

Peak Flow Chart:

Personal Best-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

Personal Best-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

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Peak Flow Chart:

Personal Best—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

Personal Best-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

Tear off before giving to patient

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Asthma Action Plan

Name _____	Date _____
Doctor _____	Medical Record # _____
Doctor's Office Phone #: Day _____	Night/Weekend _____
Emergency Contact _____	
Doctor's Signature _____	



The Colors of a traffic light will help you use your asthma medicines.

Green means Go Zone!
Use preventive medicine.

Yellow Means Caution Zone!
Add quick-relief medicine.

Red means Danger Zone!
Get help from a doctor.

Personal Best Peak Flow _____

GO

You have *all* of these:

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

Peak flow from
_____ to _____

Use these daily preventive anti-inflammatory medicines:

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

For asthma with exercise, take:

CAUTION

You have *any* of these:

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

Peak flow from
_____ to _____

Continue with green zone medicine and add:

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

CALL YOUR PRIMARY CARE PROVIDER.

DANGER

Your asthma is getting worse fast:

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

Peak flow
reading below

Take these medicines and call your doctor now.

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

GET HELP FROM A DOCTOR NOW! Do not be afraid of causing a fuss. Your doctor will want to see you right away. It's important! If you cannot contact your doctor, go directly to the emergency room. **DO NOT WAIT.**

Make an appointment with your primary care provider within two days of an ER visit or hospitalization.



State of New York, George E. Pataki, Governor
Department of Health, Antonia C. Novello, M.D., M.P.H., Dr.P.H., Commissioner

COPY FOR PROVIDER

Asthma Action Plan

Name Date

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Yellow Means Caution Zone!

Emergency Contact

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Doctor's Signature

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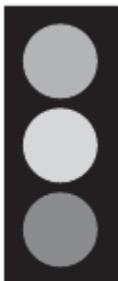
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COPY FOR FAMILY/SCHOOL/DAY CARE

Asthma Action Plan

Name Date

The Colors of a traffic light will help you use your asthma medicines. Doctor Medical Record #
Green means Go Zone! Use preventive medicine. Doctor's Office Phone #: Day Night/Weekend

Yellow Means Caution Zone!

Emergency Contact

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Red means Danger Zone!

Doctor's Signature

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Personal Best Peak Flow _____

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Peak flow from _____ to _____

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COPY FOR FAMILY/SCHOOL/DAY CARE

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Plan de Acción para el Asma

Nombre	Fecha
Médico	# Récord médico
Médico Dia #	Noche/Fin de semana
En caso de emergencia #	
Firma del Médico	



Los colores de un semáforo le ayudarán a usar sus medicinas para el asma.

Verde representa la ¡Zona de Proceder! Use medicinas preventivas.

Amarillo representa la ¡Zona de Precaución! Añada medicinas para alivio rápido.

Rojo significa la ¡Zona de Peligro! Busque inmediatamente ayuda de un médico.

Su mejor marca en el mejor de capacidad pulmonar _____

PROCEDER

Usted tiene todos estos:

- Respira bien
- No hay los ni adeo con silbido
- Dueme toda la noche
- Puede trabajar y jugar

Medida máxima de
_____ a _____

PRECAUCIÓN

Usted tiene cualquier de estos:

- Las primeras señales de un resfriado
- Se la expuesto a algo que provoca el asma
- Tos • Silbido leve
- Pecho apretado • Tos por la noche

Medida máxima de
_____ a _____

PELIGRO

Su asma empeora rápidamente:

- Las medicinas no ayudan
- Sus respiración es fuerte y rápido
- La nariz se abre ampliamente
- Puede ver sus costillas
- No puede hablar bien

Alcance el máximo leer
de flujo abajo

Use estas medicinas ant-inflamatorias preventivas diariamente.

MEDICINA	CUÁNTO	CUÁNTAS VECES/CUÁNDO

Para el asma cuando practica ejercicio, tome:

Continúe con su medicina de zona verde, y AÑADA:

MEDICINA	CUÁNTO	CUÁNTAS VECES/CUÁNDO

LLAME A SU PROVEEDOR DE ATENCIÓN PRIMARIA.

Tome estas medicinas y llame a su médico **inmediatamente**.

MEDICINA	CUÁNTO	CUÁNTAS VECES/CUÁNDO

¡OBTENGA AYUDA DE UN MÉDICO AHORA MISMO! No tenga miedo de causar un alboroto. Su médico querrá verle inmediatamente. ¡Es importante! Si no se puede poner en contacto con su médico, vaya directamente a la sala de emergencia. NO ESPERE.

Haga una cita con su médico dentro de dos días a partir de una visita a la sala de emergencia o de una hospitalización.



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COPIA PARA EL PACIENTE

Plan de Acción para el Asma

Nombre Fecha

Los colores de un semáforo le ayudarán a usar sus medicinas para el asma. Médico # Récord médico Verde representa la ¡Zona de Proceder! Use medicinas preventivas.

Médico Día # Noche/Fin de semana

Amarillo representa la ¡Zona de Precaución! Añada medicinas para alivio rápido. En caso de emergencia # Rojo significa la ¡Zona de Peligro! Busque inmediatamente ayuda de un médico. Firma del Médico Su mejor marca en el mejor de capacidad pul- monar _____

PROCEDER Use estas medicinas ant-inflamatorias preventivas diariamente.

Usted tiene todos estos:

- Respira bien
- No hay tos ni adeo con silbido
- Dueme toda la noche
- Puede trabajar y jugar

Medida máxima de _____ a _____

MEDICINA CUÁNTO CUÁNTAS VECES/CUÁNDO

Para el asma cuando practica ejercicio, tome:

PRECAUCIÓN Continúe con su medicina de zona verde, y AÑADA:

Usted tiene cualquiera de estos:

- Las primeras señales de un resfriado
- Se ha expuesto a algo que provoca el asma
- Tos • Silbido leve
- Pecho apretado • Tos por la noche

Medida máxima de _____ a _____

MEDICINA CUÁNTO CUÁNTAS VECES/CUÁNDO

LLAME A SU PROVEEDOR DE ATENCIÓN PRIMARIA.

PELIGRO Tome estas medicinas y llame a su médico inmediatamente.

Su asma empeora rápidamente:

- Las medicinas no ayudan
- Sus respiración es fuerte y rápido
- La nariz se abre ampliamente
- Puede ver sus costillas

- No puede hablar bien

Alcance el máximo leer de flujo abajo _____

MEDICINA CUÁNTO CUÁNTAS VECES/CUÁNDO

¡OBTENGA AYUDA DE UN MÉDICO AHORA MISMO! No tenga miedo de causar un alboroto. Su médico querrá verle inmediatamente. ¡Es importante! Si no se puede poner en contacto con su médico, vaya directamente a la sala de emergencia. NO ESPERE. Haga una cita con su médico dentro de dos días a partir de una visita a la sala de emergencia o de una hospitalización.

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COPIA PARA EL PACIENTE

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