

# Asthma Patient Action Plan

2019-2020

Student \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Physician \_\_\_\_\_  
 Phone \_\_\_\_\_  
**Personal Best Peak Flow** \_\_\_\_\_

You can use the colors of a traffic light to help you learn about your asthma medicines.



1. **Green** means **Go**.  
80-100% Personal Best Peak Flow.  
Use controller medicine.
2. **Yellow** means **Caution**.  
50-79% Personal Best Peak Flow.  
Use reliever medicine.
3. **Red** means **Stop**.  
<50% Personal Best Peak Flow.  
Get help from a doctor.

## I. Green — Go

### Symptoms

- Breathing is easy
- No coughing
- No wheezing
- No shortness of breath
- Can work, play and sleep easily
- Using quick-relief medication less than twice a week
- **PEAK FLOW**  
80% – 100% of personal best  
\_\_\_\_\_ – \_\_\_\_\_

### Control Medications:

Medicine	How Much to Take	When to Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

10-20 minutes before sports or other strenuous activity, use this medicine:  
 \_\_\_\_\_

## 2. Yellow — Caution

### Symptoms

- Using quick-relief medication more than twice a week\*
- Coughing
- Wheezing
- Shortness of breath
- Difficulty with physical activity
- Waking at night
- Tightness in chest
- **PEAK FLOW**  
50% – 80% of personal best  
\_\_\_\_\_ – \_\_\_\_\_

### Take reliever medicine to keep an asthma attack from getting bad.

Medicine	How Much to Take	When to Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*You might need a change in your treatment plan.

## 2. Red — Stop — Danger

### Symptoms

- Medication is not helping
- Breathing is very difficult
- Cannot walk or play
- Cannot talk easily
- **PEAK FLOW**  
less than 50% of personal best  
\_\_\_\_\_

### Get help from a doctor now! Take these medicines until you talk with the doctor.

Medicine	How Much to Take	When to Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

If your symptoms do not improve and you cannot contact your doctor, go to the emergency room or call 911 immediately.

➔ **X** \_\_\_\_\_  
 PHYSICIAN SIGNATURE  
 DATE \_\_\_\_\_

➔ **X** \_\_\_\_\_  
 STUDENT SIGNATURE  
 DATE \_\_\_\_\_

➔ **X** \_\_\_\_\_  
 PARENT/GUARDIAN SIGNATURE  
 DATE \_\_\_\_\_