

Asthma Patient Action Plan

2020-2021

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 _____