Asthma Patient Action Plan

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.

### 1. 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:**

<table>
<thead>
<tr>
<th>Medicine</th>
<th>How Much to Take</th>
<th>When to Take It</th>
</tr>
</thead>
<tbody>
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10-20 minutes before sports or other strenuous activity, use this medicine:

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### 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.**

<table>
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*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.

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

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**Student**: ___________________________

**Cell Phone**: ___________________________

**Parent/Guardian**: ___________________________

**Cell Phone**: ___________________________

**Physician**: ___________________________

**Phone**: ___________________________

**Personal Best Peak Flow**: __________

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**PHYSICIAN SIGNATURE**: ___________________________

**DATE**: ___________________________

**STUDENT SIGNATURE**: ___________________________

**DATE**: ___________________________

**PARENT/GUARDIAN SIGNATURE**: ___________________________

**DATE**: ___________________________