

ASTHMA ACTION PLAN and PATIENT GUIDELINES – All Ages

Name _____ DOB _____ Date _____

SECTION I. Asthma Controllers help prevent asthma symptoms and attacks.

_____ PUFF(s) every _____ hour's _____ times a day.

- Rinse your mouth out with water following treatment. Do not swallow.
- **TO BE USED EVERY DAY. DO NOT STOP THIS MEDICINE UNLESS INSTRUCTED BY YOUR DOCTOR.**

SECTION II. Asthma Relievers (BRONCHODILATORS) treat asthma symptoms and attacks.




_____ **1-2 PUFFS EVERY 4-6 HOURS (PRN)**

(If this medicine is regularly needed three or more times per week, notify your doctor.)

SECTION III. OTHER MEDICATIONS used to treat asthma and coexisting medical problems.

1. _____

SECTION IV. SIGNS / SYMPTOMS AND TREATMENT GUIDELINES.

<p align="center">Green Zone</p>  <p align="center">Asthma is under control.</p>	<p>Your asthma is under control (There are no breathing problems).</p> <p>TREATMENT: Continue the Asthma Controller (medicine listed in section 1 above). _____</p> <p>RULES OF THREE. IF ANY OF THE FOLLOWING OCCUR, CALL YOUR DOCTOR. This means your asthma is probably not in good control.</p> <p>1) Daytime asthma symptoms 3 or more times per week. 2) Night-time asthma symptoms 3 or more times per month. 3) Use of asthma reliever 3 or more times per week. 4) Asthma Reliever needed 3 or more times per month –exercise.</p>
<p align="center">Yellow Zone</p>  <p align="center">Your child is beginning to have trouble.</p>	<p>Asthma symptoms may be occurring (mild to moderate coughing, wheezing, shortness of breath, difficulty breathing, and chest tightness).</p> <p>1. Begin Asthma Reliever (Section II medicine) _____ 1-2 PUFFS every 4-6 hours PRN until symptoms are gone.</p> <p>2. (Parents and Care Givers- HOME) If continues with asthma symptoms increase Asthma Controller (Section I medicine)</p> <p>_____</p> <p>3. If asthma symptoms last longer than 12-24 hours, or if they get worse, or if the Asthma Reliever (Section II medicine) is used longer than 12-24 hours, call your doctor promptly.</p> <p>4. When symptoms are gone, reduce Asthma Controller gradually over 1-3 weeks to the Green Zone dose.</p> <p>5. If you have Yellow Zone symptoms once a month or more, notify your doctor promptly.</p>
<p align="center">Red Zone</p>  <p align="center">Danger signs: Fast breathing, drowsy/retracting, irritable.</p>	<p>Asthma problems are severe (coughing, wheezing, chest tightness, difficulty breathing).</p> <p>1. Start Asthma Reliever (Section II medicine) _____ 2 PUFFS every 20 minutes for 3 doses.</p> <p>2. If symptoms return to the Yellow Zone, follow the Yellow Zone plan and call your doctor promptly.</p> <p>3. If breathing difficulty persists, call 911 or EMS and proceed to the nearest emergency room. Notify your doctor as soon as possible.</p>

The above named patient may carry his/her medication. **It should be administered under adult supervision.**

Parent/Guardian Signature _____

Doctor Signature _____