

# Asthma Action Plan

Action Plan for \_\_\_\_\_ Date \_\_\_\_\_

Type of Asthma\* (circle): Intermittent  
 Mild Persistent Moderate Persistent Severe Persistent

Emergency Contact Name & Phone \_\_\_\_\_

Year Diagnosed \_\_\_\_\_

Medical Provider Name & Phone \_\_\_\_\_

Pulmonary Function Testing Date \_\_\_\_\_

Pharmacy Name & Phone \_\_\_\_\_

Peak Flow (PF) \_\_\_\_\_ Pneumovax Date \_\_\_\_\_

Allergy Testing Date \_\_\_\_\_ Flu Vaccine Date \_\_\_\_\_

Other Vaccines Date \_\_\_\_\_

Allergies/Triggers (circle all that apply): Based on self report by patient and/or confirmed by allergist

- Cigarette Smoke Air Pollution Hot/Cold Air Exercise Cockroaches Dust Mites Food Heartburn  
 Tree/Grass Pollen Strong Odors Emotional Stress Animals Medication Infections Mold Other \_\_\_\_\_

Comments:

\* For additional information on the types of asthma go to <http://www.nhlbi.nih.gov/guidelines/asthma/>



I, \_\_\_\_\_ give permission to \_\_\_\_\_ to exchange information and otherwise assist in my asthma management including direct communication with my medical provider.

Signature \_\_\_\_\_ Relationship to client \_\_\_\_\_ Date \_\_\_\_\_

Medications can be administered per this action plan, including allowing the client to self-administer medications.

Medical Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

## GO – You are doing well!

## Daily Medicine

Go if you have all of these:

- PF above \_\_\_\_\_
- Breathing is good
- No cough or wheeze
- Can sleep through the night
- Can work/play

Medicine/Treatment \_\_\_\_\_ How Much \_\_\_\_\_ How Often \_\_\_\_\_

10-15 minutes before physical activity, use:

## CAUTION – Slow down.

## Daily Medicine

Caution if you have any of these:

- PF from \_\_\_\_\_ to \_\_\_\_\_
- First sign of a cold
- Cough or mild wheeze
- Tight chest
- Coughing at night

Medicine/Treatment \_\_\_\_\_ How Much \_\_\_\_\_ How Often \_\_\_\_\_

If not better within 24 hours, call your medical provider:

## STOP – Get help!

## Take These Medications & Seek Medical Help

STOP your asthma is getting worse fast:

- PF below \_\_\_\_\_
- Medicine is not helping
- Very short of breath
- Cannot talk well
- Same or worse symptoms after 24 hours in yellow zone

Medicine/Treatment \_\_\_\_\_ How Much \_\_\_\_\_ How Often \_\_\_\_\_

This could be a life threatening emergency!  
 You may need to go to the Emergency Department or call 911.