

Asthma Action Plan

Action Plan for _____ Date _____

Emergency Contact Name & Phone _____

Medical Provider Name & Phone _____

Pharmacy Name & Phone _____

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

Year Diagnosed _____

Pulmonary Function Testing Date _____

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.