



# Asthma Action Plan

## Directions to the Provider:

The purpose of this Asthma Action Plan is to help families become proactive and anticipatory with respect to asthma exacerbations and their control. The Asthma Action Plan should be used as an education and communication tool between the provider and the patient and his or her family. The patient/family should be able to demonstrate an understanding of the plan and the appropriate use of medicines.

This form has been designed for the primary care provider to use with families who need a relatively simple asthma management regimen. Once a family has become more informed about asthma, a plan can be developed with additional flexibility in treatment.

Families should be given additional educational materials about asthma, peak flow monitoring, and environmental control. A spacer should be prescribed for all patients using an MDI.

Give the top two copies of the form to the family, with instructions to give one copy to the child's school or day care. Keep one copy for your records.

**Children over the age of six may be given peak flow meters to monitor their asthma. Parents of children under the age of six should use symptoms to determine the child's zone.**

## Zone Instructions:

The "Personal Best" peak flow should be determined when the child is symptom-free. A diary can be used to determine personal best, and usually are part of the peak flow meter package. A peak flow reading should be taken at all asthma visits and personal best should be redetermined regularly. Because peak flow meters vary in recording peak flow, instruct your patients to bring their peak flow meter to every visit.

**Green:** List all daily medicines. Fill in actual numbers, not percentages, for peak flow readings. Green zone is 100%—80% of personal best, or when no symptoms are present.

**Yellow:** Add medicines to be taken in the yellow zone and instruct the patient to continue with green zone medicines. Yellow zone is 80%—50% of personal best, or when the listed symptoms are present. Include **how long** to continue taking these medicines and when to contact the provider.

**Red:** List any medicines to be taken while waiting to speak to the provider or preparing to go to the emergency room. Red zone is 50% or below personal best, or when the listed symptoms are present.

## Peak Flow Chart:

|                    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|--------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Personal Best–100% | 100 | 110 | 120 | 130 | 140 | 150 | 160 | 170 | 180 | 190 | 200 | 210 | 220 | 230 | 240 | 250 | 260 | 270 | 280 | 290 | 300 | 310 | 320 |
| Yellow–80%         | 80  | 90  | 95  | 105 | 110 | 120 | 130 | 135 | 145 | 150 | 160 | 170 | 175 | 185 | 190 | 200 | 210 | 215 | 225 | 230 | 240 | 250 | 255 |
| Red–50%            | 50  | 55  | 60  | 65  | 70  | 75  | 80  | 85  | 90  | 95  | 100 | 105 | 110 | 115 | 120 | 125 | 130 | 135 | 140 | 145 | 150 | 155 | 160 |

|                    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|--------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Personal Best–100% | 330 | 340 | 350 | 360 | 370 | 380 | 390 | 400 | 420 | 440 | 460 | 480 | 500 | 520 | 540 | 560 | 580 | 600 | 620 | 640 | 660 | 680 | 700 |
| Yellow–80%         | 265 | 270 | 280 | 290 | 295 | 305 | 310 | 325 | 335 | 350 | 370 | 385 | 400 | 415 | 430 | 450 | 465 | 480 | 495 | 510 | 535 | 545 | 560 |
| Red–50%            | 165 | 170 | 175 | 180 | 185 | 190 | 195 | 200 | 210 | 220 | 230 | 240 | 250 | 260 | 270 | 280 | 290 | 300 | 310 | 320 | 330 | 340 | 350 |

Tear off before giving to patient

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# Asthma Action Plan

|                              |                  |
|------------------------------|------------------|
| Name                         | Date             |
| Doctor                       | Medical Record # |
| Doctor's Office Phone #: Day | Night/Weekend    |
| Emergency Contact            |                  |
| Doctor's Signature           |                  |



The Colors of a traffic light will help you use your asthma medicines.

**Green means Go Zone!**  
Use preventive medicine.

**Yellow Means Caution Zone!**  
Add quick-relief medicine.

**Red means Danger Zone!**  
Get help from a doctor.

Personal Best Peak Flow \_\_\_\_\_

## GO

You have **all** of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work and play

Peak flow from \_\_\_\_\_ to \_\_\_\_\_

## CAUTION

You have **any** of these:

- First signs of a cold
- Exposure to known trigger
- Cough
- Tight chest
- Mild wheeze
- Coughing at night

Peak flow from \_\_\_\_\_ to \_\_\_\_\_

## DANGER

Your asthma is getting worse fast:

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Lips show
- Can't talk well

Peak flow reading below \_\_\_\_\_

## Use these daily preventive anti-inflammatory medicines:

| MEDICINE | HOW MUCH | HOW OFTEN/WHEN |
|----------|----------|----------------|
|          |          |                |
|          |          |                |
|          |          |                |

For asthma with exercise, take:

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

## Continue with green zone medicine and add:

| MEDICINE | HOW MUCH | HOW OFTEN/WHEN |
|----------|----------|----------------|
|          |          |                |
|          |          |                |
|          |          |                |

CALL YOUR PRIMARY CARE PROVIDER.

## Take these medicines and call your doctor now.

| MEDICINE | HOW MUCH | HOW OFTEN/WHEN |
|----------|----------|----------------|
|          |          |                |
|          |          |                |
|          |          |                |

**GET HELP FROM A DOCTOR NOW! Do not be afraid of causing a fuss. Your doctor will want to see you right away. It's important! If you cannot contact your doctor, go directly to the emergency room. DO NOT WAIT.**

Make an appointment with your primary care provider within two days of an ER visit or hospitalization.



State of New York, George E. Pataki, Governor  
Department of Health, Antonia C. Novello, M.D., M.P.H., Dr.P.H., Commissioner

COPY FOR PROVIDER

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