# **MY ASTHMA ACTION PLAN!**

MY ASTHMA ACTION PLAN IS A GUIDE THAT HELPS ME AND MY ADULTS MANAGE MY ASTHMA SYMPTOMS AND RESPOND APPROPRIATELY TO ASTHMA EPISODES

OTHER EMERGENCY CONTACT: PHONE: () CAN YOU SELF-MEDICATE: □ Yes □ No  MY ASTHMA TRIGGERS: CHECK OFF THE ITEMS THAT YOU KNOW CAN TRIGGER YOUR ASTHMA:				
OTHER EMERGENCY CONTACT: PHONE: () CAN YOU SELF-MEDICATE: Yes No  MY ASTHMA TRIGGERS: CHECK OFF THE ITEMS THAT YOU KNOW CAN TRIGGER YOUR ASTHMA:  Cigarette smoke/	MY NAME:			BIRTHDAY:/
MY ASTHMA TRIGGERS: CHECK OFF THE ITEMS THAT YOU KNOW CAN TRIGGER YOUR ASTHMA:    Cigarette smoke/	PARENT/ GUARDIAN:			PHONE: ( )
MY ASTHMA TRIGGERS: CHECK OFF THE ITEMS THAT YOU KNOW CAN TRIGGER YOUR ASTHMA:    Cigarette smoke/	OTHER EMERGENCY CONTACT:			PHONE: ( )
□ Cigarette smoke/ □ Sudden temperature □ Pests - rodents & □ Strong odors, perfume secondhand smoke □ Cleaning products □ Cleaning products □ Pets - animal dander □ Strong emotions □ Dust mites, dust □ Ozone alert days □ Plants, flowers, cut □ Exercise □ Wood smoke □ grass, pollen	DOCTOR:	PHONE: (	( ) CAN YOU SELF	-MEDICATE:  Yes  No
secondhand smoke change cockroaches Cleaning products  Respiratory illness Mold Pets - animal dander Strong emotions  Dust mites, dust Ozone alert days Plants, flowers, cut grass, pollen  FOODS:	MY ASTHMA TRIG	GERS: CHECK OFF THE ITEM	AS THAT YOU KNOW CAN TRIGGER	YOUR ASTHMA:
□ Respiratory illness       □ Mold       □ Pets - animal dander       □ Strong emotions         □ Dust mites, dust       □ Ozone alert days       □ Plants, flowers, cut         □ Exercise       □ Wood smoke       grass, pollen    F00DS:	•	•		☐ Strong odors, perfumes
<ul> <li>□ Dust mites, dust</li> <li>□ Exercise</li> <li>□ Wood smoke</li> <li>□ Grass, pollen</li> </ul> F00DS:	☐ Respiratory illness	□ Mold	☐ Pets - animal dander ☐ Strong emot	<b>.</b>
FOODS:	☐ Dust mites, dust	□ Ozone alert days		_ ce8 ce
	☐ Exercise	☐ Wood smoke	grass, pollen	
OTHERS:	FOODS:			
	OTHERS:			

# **KNOW YOUR ZONES:**

WE USE THE TRAFFIC LIGHT SYSTEM TO HELP YOU USE YOUR ASTHMA MEDICATIONS AND KEEP TRACK OF YOUR SYMPTOMS.

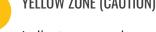


**GREEN ZONE (GOOD):** 

Represents your baseline or well-controlled asthma. No symptoms are present and the peak flow measurement is in a good range.



YELLOW ZONE (CAUTION):



Indicates worsening asthma symptoms or peak flow measurements. This section outlines what actions to take when you experience mild to moderate asthma symptoms.



**RED ZONE (DANGER):** 

This zone indicates a severe asthma episodes or very poor peak flow readings. It provides guidance on what steps to take in the event of a severe asthma attack and when to seek emergency medical help.



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### I FEEL GREAT!

#### IF YOU HAVE ALL OF THESE

- ☑ Breathing is good
- ✓ No cough or wheeze
- ✓ Slept through the night
- ☑ Can work or play

PEAK FLOW ABOVE:

USE THESE MEDICATIONS EVERY DAY:				
NAME OF MEDICINE:	DOSE:	WHEN TO TAKE IT:		
			_ TIMES A DAY	
			_ TIMES A DAY	
			_ TIMES A DAY	
FOR ASTHMA WITH EXERCISE TAKE:				
			_ TIMES A DAY	

YELLOW ZON

### I HAVE MILD SYMPTOMS

#### IF YOU HAVE **ANY** OF THESE:

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

AND/OR PEAK FLOW FROM TO

CONTINUE MY EVERY DAY CONTROL  MEDICINE (SAME AS GREEN ZONE)  □ Increase □					
NAME OF MEDICINE:	DOSE:	WHEN TO TAKE IT:			
	<del>-</del>	TIMES A DAY			
OR I TAKE A COMBINATION	MEDICINE THAT PROV	IDES			

# BOTH **QUICK-RELIEF** AND **CONTROL**: ☐ Symbicort® ☐ Dulera® (\_\_\_\_strength) ☐ Other\_\_\_\_\_

☐ 1 or ☐ 2 puffs, up to 4 times a day (up to 6 times a day, if older than 12 years old)

RED ZON

# MY ASTHMA IS GETTING WORSE FAST

#### IF YOU ARE EXPERIENCING:

- ☑ Persistent cough
- Persistent wheeze
- ☑ Fast breathing
- ☑ Hard to breathe

AND/OR PEAK FLOW FROM \_\_\_\_\_\_ TO \_\_\_\_\_

## I TAKE THESE MEDICATIONS & CALL MY DOCTOR:

- ☐ Albuterol® (Proair®, Ventolin®, Proventil®) \_\_\_\_\_ puffs, every 2 to 4 hours as needed for temporary relief of asthma symptoms
- □ Other Medicine \_\_\_\_\_

### **SEE DOCTOR PROMPTLY** (ADDITIONAL MEDICINE MAY BE NEEDED)

AND CONTINUE MY **EVERY DAY CONTROL** MEDICINE Increase Dose (SAME AS GREEN ZONE)

NAME OF MEDICINE:

DOSE: WHEN TO TAKE IT:

TIMES A DAY

CALL 911 OR GO TO THE NEAREST EMERGENCY ROOM IF YOU ARE EXPERIENCING:

- ✓ Very hard or fast breathing
- ☑ Chest is sucking in between ribs
- ☑ Breathing so hard you can't walk or talk
- ☑ Nose opens wide with breathing
- $\ \ \square$  Lips or fingernails look blue

