

5310 N. LA CHOLLA BLVD. • TUCSON, AZ 85741 • 520-229-8878 • FAX: 520-229-9107

**My Asthma Action Plan**


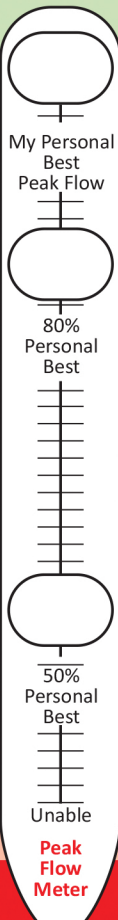


Patients Name: \_\_\_\_\_ Medical Record #: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Long Term-Control Medicines	How Much To Take	How Often	Other Instructions
		_____ times per day EVERY DAY!	
		_____ times per day EVERY DAY!	
		_____ times per day EVERY DAY!	
		_____ times per day EVERY DAY!	
Long Term-Control Medicines	How Much To Take	How Often	Other Instructions
		Take ONLY as needed	NOTE: If this medication is needed frequently, call physician to consider increasing long-term control medications.

Special instructions when I feel  good,  not good, and  awful.

<b>GREEN ZONE</b>	<b>I feel good.</b>  (My peak flow is in the <b>GREEN</b> zone.)	 My Personal Best Peak Flow _____ 80% Personal Best _____ 50% Personal Best _____ Unable _____ <b>Peak Flow Meter</b>	<b>PREVENT</b> asthma symptoms everyday: <input type="checkbox"/> Take my long-term-control medicines (above) everyday. <input type="checkbox"/> Before exercise, take ____ puffs of _____. <input type="checkbox"/> Avoid things that make my asthma worse like: _____
<b>YELLOW ZONE</b>	<b>I do not feel good.</b> (My peak flow is in the <b>YELLOW</b> zone.)  My symptoms may include one or more of the following: <ul style="list-style-type: none"><li>• Wheeze</li><li>• Tight chest</li><li>• Cough</li><li>• Shortness of breath</li><li>• Waking up at night with asthma symptoms</li><li>• Decreased ability to do usual activities</li></ul>		<b>CAUTION.</b> I should continue taking my long-term-control asthma medicines every day AND: <input type="checkbox"/> Take _____ If I still do not feel good, or my peak flow is not back in the Green Zone within 1 hour, then I should: <input type="checkbox"/> Increase _____ <input type="checkbox"/> Add _____ <input type="checkbox"/> Call _____
<b>RED ZONE</b>	<b>I feel awful.</b> (My peak flow is in the <b>RED</b> zone.)  Warning signs may include one or more of the following: <ul style="list-style-type: none"><li>• It's getting harder and harder to breathe</li><li>• Unable to sleep or do usual activities because of trouble breathing</li></ul>		<b>MEDICAL ALERT! Get help!</b> <input type="checkbox"/> Take _____ until I get help immediately. <input type="checkbox"/> Take _____ <input type="checkbox"/> Call _____

**Danger! Get help immediately!**

Call 9-1-1 if you have trouble walking or talking due to shortness of breath or lips or fingertips are gray or blue.