

### Asthma Action Plan Instructions

- Early identification and treatment of mild asthma symptoms is the key to preventing asthma flares.
- Some people over the age of 5 find it helpful to use a peak flow meter, and these peak flow values can help to guide your asthma management.
- Controller medications must be taken daily to help prevent problems with asthma. These medications may be increased when asthma becomes active to further reduce inflammation. Rescue medications, or bronchodilators are fast-acting and are taken when asthma is active to relieve/treat symptoms

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Physician Signature: \_\_\_\_\_

ZONE	SIGNS/SYMPTOMS	ACTION	Medications
<b>GREEN</b> 100-90% of Personal Best Peak Flow	<b>None</b> No breathing problems. No cough at nighttime or with exercise.	<b>You're doing great!!!</b> Take your <b>Green Zone</b> controller medications, if prescribed. Use your bronchodilator before exercise, if needed.	<input type="checkbox"/> Qvar ___puffs___ <input type="checkbox"/> Flovent /Day <input type="checkbox"/> Advair <input type="checkbox"/> Symbicort <input type="checkbox"/> Pulmacort Neb.
<b>Yellow</b> 90-70% of Personal Best Peak Flow	<b>Changes may be subtle</b> Cough is now a problem. Cough may be worse at night or with activity. Fatigue, fussiness or irritability may be noticed. Check peak flow values twice a day but treat according to symptoms first. Start yellow zone treatment when an upper respiratory infection begins.	<b>Time to take Action!</b> 1. Begin yellow zone medications according to your action plan. Remember to use your rescue medicines first, followed by other inhaled medications. 2. Call if you are "stuck" in this zone for more than 3-4 days.	<input type="checkbox"/> Up preventative to ___ times per day.  <input type="checkbox"/> Albuterol/Xopenex Nebs  <input type="checkbox"/> Albuterol/Xopenex MDI
<b>Red</b> Less than 70% of Personal Best Peak Flow	<b>Danger! Asthma is worsening!</b> Asthma flare requiring quick action! Frequent cough, possibly wheezing, chest pain or tightness, increased respiratory rate*, shortness of breath. Symptoms interfere with daily activities. Unable to speak an entire sentence without having to stop and take a breath. May vomit after coughing spells. Unable to walk an flight of stairs or run a short distance without becoming short winded. Watch for retractions (skin around neck, between or underneath ribs may "suck in") when breathing in.	<b>CAUTION-ASTHMA IS FLARING!</b> 1. Start clear our series (3 rescue treatments given 20-30 minutes apart). If symptoms significantly improve, you must continue in the <b>RED ZONE</b> for 24-48 hours. Start our first Red zone treatment 4 hours after the last clear our treatment. 2. Call our office (972-548-788) if condition worsens or is not improving after clear out, if treatments are needed more often than every 4 hours, or if you are "stuck" in <b>RED ZONE</b> for more than 24 hours.	<input type="checkbox"/> Up preventative to ___times per day.  <input type="checkbox"/> Albuterol/Xopenex Nebs  <input type="checkbox"/> Pulmacort Nebs  <input type="checkbox"/> Oral Steroids-call MD for appt.
<b>EMERGENCY</b> Less than 50% of Personal Best Peak Flow	<b>Increased work of breathing:</b> possibly anxious, unable to speak in full sentences, lips or fingernails turning blue, lethargic or exhausted.	<b>SEEK EMERGENCY CARE NOW!</b> Start clear out. Call us immediately. If your child is in respiratory distress, go to the nearest hospital ER.	<input type="checkbox"/> <i>Call the MD or 911 immediately!</i>

- Taking a respiratory rate: For one-minute count how many times your chest goes "out". For a small child you may need to place your hand on their chest or tummy.

Age	Normal Respiratory Rate (breaths per minute)	Increased Respiratory Rate
Newborn	35-70	>70
1 year old +	25-35	>40
Preschool +	20-25	>30
10-12 years old	15-20	>26
12 yrs and older	12-20	>25