

# YOUR ASTHMA ACTION PLAN

Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_

## SYMPTOMS:

## ACTION:




**DAILY MEDICATION**


Peak Flow \_\_\_\_\_

You have **ALL** of these:

- Breathing is good
- No coughing
- No wheezing (noise with breathing)
- Can play as usual
- Sleeping all night

**ALWAYS USE YOUR SPACER with EVERY inhaler!**

<input type="checkbox"/> Advair HFA:	45 / 115 / 230	2 puffs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dulera:	100 / 200	2 puffs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Flovent:	44 / 110 / 220	2 puffs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Qvar:	40 / 80	1 - 2 puffs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Symbicort:	80 / 160	1 - 2 puffs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pulmicort Respules (Budesonide):	0.25 / 0.5 / 1.0	1 unit	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Singulair (Montelukast):	4 / 5 / 10 mg	1 tab	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Claritin/ Zyrtec/ Allegra:	5mL / 10 mL	1 dose	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Flonase/ Nasonex:	55 mcg / 110 mcg	1-2 sprays per nostril	<input type="checkbox"/>	<input type="checkbox"/>





**DAILY MEDICATION + SICK MEDICATION**


Peak Flow \_\_\_\_\_

You have **ANY** of these:


- Coughing
- Cough at night
- A little wheeze (some noise with breathing)
- Trouble breathing
- Tight/ pain in chest
- Difficulty playing/ running

**STEP 1:** Keep taking **DAILY / CONTROLLER** medication



<input type="checkbox"/> Advair HFA:	45 / 115 / 230	2 puffs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dulera:	100 / 200	2 puffs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Flovent:	44 / 110 / 220	2 puffs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Qvar:	40 / 80	1 - 2 puffs	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/> Flonase/ Nasonex:	55 mcg / 110 mcg	1-2 sprays per nostril	<input type="checkbox"/>	<input type="checkbox"/>

**STEP 2:** ADD **SICK/ QUICK RELIEF** medication 

<input type="checkbox"/> Albuterol nebulized	1 / 2 units	Every 4 hours as needed	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Albuterol inhaler (Proventil, Ventolin, Proair)	2 / 4 puffs	Every 4 hours as needed	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> _____			<input type="checkbox"/>	<input type="checkbox"/>

**STEP 3:** If you feel better, go back to the **Green Zone** 

**STEP 4:** If you are not better in 6 hours- Call the office



**CALL FOR HELP!**

Peak Flow \_\_\_\_\_

You are getting **WORSE**, fast!

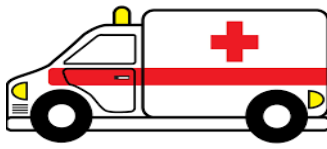
- Breathing hard and fast
- Can not stop coughing
- Trouble talking
- Ribs are showing
- Nostrils are moving with breathing

**\*\*IF you have been in the YELLOW ZONE for > 24 hours**

- Use Albuterol inhaler (Proventil, Ventolin, Proair): **4 puffs, Every 3-4 hours AND**
- CALL** your doctor

**OR**

- Go to **hospital OR call 911**
- CONTINUE** to use your **SICK medication** on the way!



### Things that can worsen your asthma:

- Cold/ flu
- Exercise
- Dust
- Pollen
- Mold
- Pets
- Perfumes or things that smell strong
- Very hot or very cold weather
- Smoke: cigarette, wood
- Foods: \_\_\_\_\_
- Other: \_\_\_\_\_
- Take **SICK/ QUICK RELIEF** medication (before exercise/trigger)

### Personal Goals:

# 1: Get your Flu shot every fall!

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