# Adult Asthma Action Plan

**Patient Name:** _____ **Date:** _____

**Follow up appointment with physician:**
*Physician Name* _____
*Telephone #* _____
*Follow up recommendation* _____

***ALWAYS BRING ALL OF YOUR MEDICATIONS TO ALL OF YOUR APPOINTMENTS***

**POSSIBLE TRIGGERS**
Tobacco smoke, dust mites, molds, pets, cockroaches, strong odors and sprays (burning wood in fireplace, incense, scented candles, perfume, paints, cleaning products), exercise, pollen, cold air, or the flu.

## OK WHEN WELL: ASTHMA UNDER CONTROL

**Symptoms:** No cough or wheezing, chest tightness or shortness of breath either during the day or at night; can participate in usual activities.

If using a peak flow meter:
My optimal peak flow is:_____ to_____ (should be 80-100% of personal best)

**Medicine(s):**
Every day:
- Controller _____How much?_____When?_____
- Controller _____How much?_____When?_____

Before exercise:
- Reliever_____How much?_____When?_____

If symptoms are noted:
- Reliever/Rescue_____How much?_____When?_____

***Call your physician if using reliever more than 2-3 times per week***

## CAUTION WHEN NOT WELL: ASTHMA GETTING WORSE

**Symptoms:** Cough, wheeze, shortness of breath, chest tightness, waking at night due to asthma, unable to participate in all of usual activities.

If using a peak flow meter:
My peak flow is:_____ to_____ (50-79% of personal best)

**Add the following medicine to those used daily**:
- Reliever/Rescue_____How much?_____When?_____

**If symptoms and peak flow return to GREEN OK ZONE after one hour of above treatment, continue monitoring to make sure you remain in green zone.**

**If symptoms and peak flow DO NOT return to GREEN OK ZONE after one hour of above treatment**:

- Reliever/Rescue_____How much?_____When?_____
- Oral Steroids_____How much?_____When?_____
- Call your doctor if:_____

DANGER **IF SYMPTOMS GET WORSE: ASTHMA IS SEVERE - GET HELP NOW!**

**Symptoms:** Severely short of breath, rescue meds have not helped, cannot participate in usual activities, you are having trouble walking or talking due to asthma symptoms, you are dizzy or faint, your fingernails or lips are bluish, your symptoms are the same or worse after 24 hours in **Yellow Caution Zone.**

If using a peak flow meter:
My peak flow is: less than_____ (50% of personal best)

**Add the following medicine to those used daily:**

- Reliever/Rescue_____How much?_____When?_____
- Oral Steroids_____How much?_____When?_____
- **CALL YOUR DOCTOR IMMEDIATELY**

**HAVE SOMEONE DRIVE YOU TO THE HOSPITAL RIGHT AWAY OR CALL YOUR LOCAL EMERGENCY SERVICES (911 IN U.S.) IF YOU ARE IN THE RED DANGER ZONE AFTER 15 MINUTES AND YOU HAVE NOT REACHED YOUR DOCTOR**

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