

Asthma Home Management Plan of Care (Asthma Action Plan)

Name: _____	Date: _____
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- * The earlier an asthma flare is recognized and treated, the more successful the action plan!
- * Controller medicines prevent flares...but only when used every day regardless of symptoms!

GREEN ZONE: GO! - Doing Well	
Symptoms Peak flow < _____ Able to do normal activity No asthma symptoms Usual medications are controlling the asthma	ACTION: Continue daily controller medicines. My daily controller medicines are: _____ _____ _____

YELLOW ZONE: CAUTION! – Mild/ Moderate Flare	
Symptoms Peak flow _____ to _____ Some asthma symptoms (wheeze, cough, chest tight) Waking at night due to asthma or cough Early signs of a cold (runny nose, cough, fever)	ACTION: Continue daily controller medicines PLUS rescue: Step 1: Rescue = _____ puffs albuterol then recheck respiratory rate and symptoms in 5-10 minutes Step 2: Repeat step 1 up to 3 times every 5-10 minutes then check response (see below)

RED ZONE: DANGER! – Severe Flare	
Symptoms Peak flow _____ to _____ Very short of breath Symptoms for >24 hours Usual activity severely limited	ACTION: Continue daily controller medicines PLUS rescue: Step 1: Rescue = _____ puffs albuterol then recheck respiratory rate and symptoms in 5-10 minutes Step 2: Repeat step 1 up to 3 times every 5-10 minutes then check response (see below)

ASSESSING RESPONSE TO RESCUE TREATMENT (YELLOW and RED ZONES):

GOOD RESPONSE: Peak flow < _____ No wheezing Response to albuterol lasts at least 4 hours	ACTION: Continue _____ puffs albuterol every 4 hours for _____ days AND: <input type="checkbox"/> Increase _____ to _____ puffs twice <small style="margin-left: 100px;">(Controller Medicine)</small> daily for the next _____ days. <input type="checkbox"/> Notify your PCM.
INCOMPLETE RESPONSE: Peak flow _____ to _____ Persistent but no severe symptoms Albuterol effect lasts < 4 hours	ACTION: Continue _____ puffs albuterol every hour for _____ hours. Contact doctor or clinic within 1 hour for further instructions. Seek care at the ER if after-hours.
POOR RESPONSE: Peak flow _____ to _____ Marked symptoms	ACTION: Continue _____ puffs albuterol every hour. Contact doctor or clinic immediately. If unable to establish contact immediately, call 911 or go to the ER.

My doctor's name and phone number: _____

