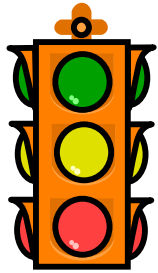


YOUR ASTHMA ACTION PLAN

Target Peak Flow: _____ based on personal best **or** predicted best _____ height (inches)
 Category of Severity: ___ Mild Intermittent ___ Mild Persistent ___ Moderate Persistent ___ Severe Persistent
 Flu Vaccine/Date: _____ Pneumococcal Vaccine/Date: _____



You can use the colors of a traffic light to help control your asthma:

Green means GO – Use preventive (anti-inflammatory) medicine

Yellow means CAUTION – Use quick relief (short acting bronchodilators) medicine in addition to the preventive medicine

Red means STOP – seek medical help

GREEN = GO

- ✓ Breathing is good
- ✓ No cough or wheeze
- ✓ Can work and play

PEAK FLOW
NUMBER
TO

(80%-100% of your
personal best)

- **Use long term medicine**

- **20 minutes before activity, use this medicine**

YELLOW = CAUTION

- ✓ Cough
- ✓ Wheeze
- ✓ Tight chest
- ✓ Wake up at night with asthma symptoms

PEAK FLOW
NUMBER
TO

(50 to less than 80% of
your personal best)

- **Take quick-relief medicine to keep an asthma attack from getting bad**

1. Take _____ puffs of your quick relief (bronchodilator) _____
Repeat _____ times every _____ minutes if needed.
2. Take _____ puffs of _____ (antinflamatory) _____ times/day
3. Begin/increase treatment with oral steroids;
4. Take _____ of _____ _____ times a day and then continue every
_____ hours _____ a day.
5. Call your doctor at _____ or emergency room.

RED = STOP, DANGER

- ✓ Medicine is not helping
- ✓ Breathing is hard and fast
- ✓ Nose opens wide
- ✓ Can't walk
- ✓ Ribs show
- ✓ Can't talk well

PEAK FLOW
NUMBER

(50% or less of your
personal best)

- **Get help from a doctor now**
- **Take these medicines until you talk with your doctor**

1. Take _____ puffs of your quick relief (bronchodilator) _____
Repeat _____ times every _____ minutes if needed.
2. Begin/Increase treatment with oral steroids. Take _____ of _____ now.
3. Call your doctor at _____. If you cannot contact your doctor, go directly to the emergency room.

Name: _____ DOB: _____ Date: _____

Physician: _____ Phone: _____