Asthma Action Plan

Tacoma-Pierce County
Health Department
Healthy People in Healthy Communities

Patient Name _____ Date _____

Parent Name(s)_____ Phone_____

Other Emergency Contact_____ Phone_____

Doctor or Clinic _____ Phone_____

Peak Flow Number:	Asthma Severity:	Asthma Triggers:

Go: **Asthma in good control** if you have all of the following:	Green Zone: **Use preventive medicine**		
❑ Feel good ❑ No cough or wheeze ❑ Can work, sleep and play without asthma symptoms Patient peak flow number is above:	1. Take your asthma **control medicine** every day:		
	Medicines	How much to take	When to take it
	2. If exercise triggers your asthma, take medicine: • 15 minutes before exercise or sports, and • During exercise if you have asthma symptoms		
	Medicine	How much to take	

Slow: **Asthma getting worse** if you have any of the following symptoms:	Yellow Zone: **Add quick relief medicine**		
❑ Do not feel good ❑ Cough or wheeze ❑ Wake up at night ❑ Chest feels tight Patient peak flow number is between:	1. Keep taking your Green Zone medicines. 2. Start taking your **rescue medicine**:		
	Medicine	How much to take	How often
	3. If you stay in Yellow Zone more than 12-24 hours, call your doctor.		

Stop: **Medical alert** if you have any of the following symptoms:	Red Zone: **Get help**	
❑ Feel awful ❑ Breathing getting harder ❑ Medicine not helping ❑ Nose opens wide to breathe ❑ Ribs show ❑ Can't talk well Patient peak flow number is below:	1. Take your **rescue medicine** NOW:	
	Medicine	How much to take
	2. Call your doctor NOW. 3. If you are still in the Red Zone after 15 minutes: • Take your rescue medicine again • Call 911 4. Call 911 immediately if any of the following danger signs are present: • Trouble walking or talking due to shortness of breath • Lips or fingernails are blue	

Asthma Action Plan Directions

Tacoma-Pierce County
Health Department
Healthy People in Healthy Communities

An Asthma Action Plan helps patients/families be proactive about their asthma, understand what to do to keep it under control and know how to respond to symptoms. It is a communication and educational tool between the provider and the patient. The patient/family should be able to demonstrate an understanding of the plan and how to use the medicines.

Provider Directions

❑ Provide additional information about asthma, peak flow monitoring and environmental control.
❑ Prescribe a spacer for all patients using a metered dose inhaler.
❑ Give peak flow meters to children over the age of six to help monitor their asthma.
❑ Determine peak flow number using zone instructions

Green Zone is 100%-80% of personal best, or when no symptoms are present.
List all daily medicines. Fill in actual numbers—not percentages—for peak flow readings.

Yellow Zone is 80%-50% of personal best, or when the listed symptoms are present.
Add medicine to be taken in the yellow zone and instruct the patient to continue with green zone medicines.

Red Zone is 50% or below personal best, or when the listed symptoms are present.
List any medicines to be taken while waiting to speak to the provider or preparing to go to the emergency room.

Determine Personal Best peak flow when the child is symptom-free. Use a diary—part of the peak flow meter package—to determine personal best. Peak flow meters vary in recording so instruct patients to bring their peak flow meter to every visit. Yellow and red zone percentages will be below the personal best score on the chart.

Peak Flow Chart

Personal Best–100%	100	110	120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300	310	320
Yellow–80%	80	90	95	105	110	120	130	135	145	150	160	170	175	185	190	200	210	215	225	230	240	250	255
Red–50%	50	55	60	65	70	75	80	85	90	95	100	105	110	115	120	125	130	135	140	145	150	155	160

Personal Best–100%	330	340	350	360	370	380	390	400	420	440	460	480	500	520	540	560	580	600	620	640	660	680	700
Yellow–80%	265	270	280	290	295	305	310	325	335	350	370	385	400	415	430	450	465	480	495	510	535	545	560
Red–50%	165	170	175	180	185	190	195	200	210	220	230	240	250	260	270	280	290	300	310	320	330	340	350

Parent/Guardian Directions

❑ Post the Asthma Action Plan in a visible and easily accessible location.
❑ Provide copies to schools, daycares, after school programs or anyone who cares for your child.

Clean Air for Kids

Tacoma Pierce County
Asthma Prevention Partnership

Adapted from New York State Department of Health and Minnesota Department of Health Asthma Program