

# DR. REBECCA L. SIMON ASTHMA ACTION PLAN

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ MY ASTHMA TRIGGERS: \_\_\_\_\_

**GREEN MEANS GO-** use preventive (anti-inflammatory) medicine: \_\_\_\_\_

**YELLOW MEANS CAUTION-** use Albuterol/Xopenex (bronchodilator) medicine in addition to the preventative medicine.

**RED MEANS DANGER-** get help from a doctor!!!

**GREEN:**

Asthma Signs & Symptoms	Medicines	How Much	How many times a day
You feel good You have no cough/wheeze You have no symptoms Your Peak Flow is ____ or more	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

**YELLOW:**

You feel tight You have mild cough/wheeze You have trouble with activities like exercise You have increased breathing rate Your Peak Flow is _____ to _____	Give _____ wait 20 minutes <b>AND</b> <b>If back to normal:</b> Continue Green Zone and daily medications <b>If better (have on mild symptoms) but <u>not</u> back to normal:</b> Continue Green Zone and daily medicines Give _____ Every ____ hours for 1-2 days If back to normal after 1-2 days, give only as needed If not back to normal after 1-2 days, call your doctor  <b>If <u>not</u> better (symptoms continue):</b> Give _____ every 20 minutes 2 more times <b>AND CALL YOUR DOCTOR NOW!</b>
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**RED:**

You have difficulty breathing You have bad cough or wheeze You have retractions	GIVE _____ Every 20 min up to 3 times <b>AND CALL YOUR DOCTOR NOW</b> <b>*IF SYMPTOMS DO NOT IMPROVE GO TO THE EMERGENCY ROOM NOW OR CALL 911</b>
If you have any of the following DANGER SIGNS contact your doctor and/or seek medical care immediately, <b>go to the EMERGENCY ROOM OR CALL 911:</b>	
*CHEST SUCKING IN *VERY DIFFICULT BREATHING *TROUBLE TALKING OR WALKING	*MAKES NOISE TRYING TO BREATHE *LIPS OR FINGERNAILS BLUE OR PURPLE *PASSES OUT OR FAINTS

Return to: \_\_\_\_\_ Clinic In: \_\_\_\_\_

Follow up with your PCP \_\_\_\_\_ Phone#: \_\_\_\_\_

o A copy of this document has been given to the patient/caregiver.

MD / RN Signature: \_\_\_\_\_