



# Asthma Action Plan

- Personal best peak flow: \_\_\_\_\_
- Always use a spacer with your MDI inhaler.
- After taking inhaled medicine, rinse your mouth.

## Green Zone: Healthy Take these control medicines every day (prevention)

Your child is well and has all of these:

- Breathing is easy
  - No cough or wheeze
  - Can play
  - Can sleep all night
- Peak flow \_\_\_\_\_ to \_\_\_\_\_  
(More than 80% of personal best)

- No control medicines are needed at this time
- Advair dose: \_\_\_\_\_ mcg
  - \_\_\_\_\_ puffs MDI \_\_\_\_\_ times each day
  - 1 inhalation \_\_\_\_\_ times each day
- Asmanex Twisthaler dose: \_\_\_\_\_ mcg \_\_\_\_\_ inhalations each day
- Flovent dose: \_\_\_\_\_ mcg \_\_\_\_\_ puffs MDI \_\_\_\_\_ times each day
- Flovent Diskus dose: 50 mcg 1 inhalation \_\_\_\_\_ times each day
- Pulmicort Flexhaler dose: \_\_\_\_\_ mcg \_\_\_\_\_ inhalations \_\_\_\_\_ times each day
- Pulmicort Respules dose: \_\_\_\_\_ mg \_\_\_\_\_ nebulized \_\_\_\_\_ times each day
- Singulair dose: \_\_\_\_\_ mg 1 tablet each day
- Symbicort dose: \_\_\_\_\_ mcg \_\_\_\_\_ puffs MDI \_\_\_\_\_ times each day
- Other: \_\_\_\_\_

If exercise triggers your asthma, take this medicine \_\_\_\_\_ ,  
\_\_\_\_\_ minutes before exercise

## Yellow Zone: Caution Continue control medicines and add rescue medicines

Your child is not well:

- Coughing and wheezing
  - Runny nose, getting a cold
  - Breathing harder or faster
  - Coughing wakes up child
  - Playing less than usual
- Peak flow \_\_\_\_\_ to \_\_\_\_\_  
(50% 79% of personal best)

- Albuterol dose: \_\_\_\_\_ mg \_\_\_\_\_ nebulized every \_\_\_\_\_ as needed
- Albuterol dose: \_\_\_\_\_ mcg \_\_\_\_\_ puffs MDI every \_\_\_\_\_ as needed
- Xopenex dose: 45mcg \_\_\_\_\_ puffs MDI every \_\_\_\_\_ as needed
- Xopenex dose: \_\_\_\_\_ mg \_\_\_\_\_ nebulized every \_\_\_\_\_ as needed
- Other: \_\_\_\_\_

Call the doctor if your child has these signs often, you use rescue medicines more than two times a week, or the rescue medicines don't work.

## Red Zone: Emergency Call 911 if your child is not alert or lips/nails are grey or blue

Your child feels awful:

- Cough, wheeze, and breathing getting worse
- Medicine is not helping
- Trouble walking, talking, eating, and playing
- Tired or no energy to move
- Less alert than normal

Peak flow \_\_\_\_\_ to \_\_\_\_\_  
(Less than 50% of personal best)

- Take your child to the hospital or call 911 right away.
- Give these medicines while going to the hospital or until that help arrives.
- Give these medicines and call Dr. \_\_\_\_\_ at \_\_\_\_\_
  - Albuterol dose: \_\_\_\_\_ mg \_\_\_\_\_ nebulized every \_\_\_\_\_ minutes
  - Albuterol dose: \_\_\_\_\_ mcg \_\_\_\_\_ puffs MDI every \_\_\_\_\_ minutes
  - Xopenex dose: 45mcg \_\_\_\_\_ puffs MDI every \_\_\_\_\_ minutes
  - Xopenex dose: \_\_\_\_\_ mg \_\_\_\_\_ nebulized every \_\_\_\_\_ minutes
- Other: \_\_\_\_\_

I understand when and how to give controller and reliever medicines, triggers, and have a copy of this action plan.

Name:

Relationship:

Signature:

Date:

Evaluation of understanding complete for triggers and when and how to use meds

Patient and family refused a copy of the Asthma Action Plan



Name of Child \_\_\_\_\_ Date \_\_\_\_\_

Nombre del niño \_\_\_\_\_ Fecha \_\_\_\_\_

Call Dr. \_\_\_\_\_ at telephone number \_\_\_\_\_

Llame al Dr. \_\_\_\_\_ al teléfono \_\_\_\_\_

For an appointment on (date) \_\_\_\_\_ (time) \_\_\_\_\_  
(3 to 5 days after your child leaves hospital)

Cuando debe consultar (fecha) \_\_\_\_\_ (hora) \_\_\_\_\_  
(de 3 a 5 días después de que su niño salga del hospital)

Things I want to talk to the doctor about:

Asuntos que deseo platicar con el doctor:

My triggers for RAD (reactive airway disease) or asthma, and what to do:	Mis provocadores para la enfermedad reactiva de las vías aéreas o el asma, y lo que debo hacer:
<b>pets with fur or feathers:</b> don't touch them, don't sleep with them, keep them off furniture or outside	<input type="checkbox"/> <b>mascotas que tienen pelos o plumas:</b> no las toque, no duerma con ellas, no permita que estén en los muebles o téngalas fuera de la casa
<b>cigarette smoke:</b> no smoking at home, sit in no smoking places	<input type="checkbox"/> <b>humo de cigarrillo:</b> no fume en casa, siéntese en áreas de no fumar
<b>perfume:</b> don't use them or be near people who do	<input type="checkbox"/> <b>perfume:</b> no use perfume, no esté cerca de las personas que lo usan
<b>dust:</b> dust often, use wet mop, clean fans, change air filters every month	<input type="checkbox"/> <b>polvo:</b> limpie el polvo a menudo, use un trapo húmedo, limpie los abanicos, cambie los filtros de aire cada mes
<b>exercise, sports:</b> take reliever medicine before being active	<input type="checkbox"/> <b>ejercicio, deportes:</b> tome la medicina de alivio antes de la actividad
<b>colds and flu:</b> wash hands well and often, get flu shot every fall	<input type="checkbox"/> <b>resfríos y gripe:</b> lávese bien las manos y de manera frecuente, aplíquese la vacuna contra la gripe cada otoño
<b>cockroaches:</b> keep food in tight sealed containers	<input type="checkbox"/> <b>cucarachas:</b> guarde los alimentos en envases bien sellados
<b>grass:</b> stay off grass, go in when grass is mowed, close windows and doors	<input type="checkbox"/> <b>pasto:</b> no esté sobre el pasto, vaya dentro de casa cuando estén cortando el pasto, cierre las puertas y las ventanas
<b>stuffed animals:</b> don't have them, or wash often or put in freezer for 1 hour	<input type="checkbox"/> <b>muñecos de peluche:</b> no los debe tener, o lávelos frecuentemente o guárdelos en el congelador durante 1 hora
<b>pollen:</b> close windows and doors, use special air filter, keep away from flowers	<input type="checkbox"/> <b>pólen:</b> cierre las puertas y las ventanas, use un filtro de aire especial, no se acerque a las flores
<b>weather:</b> stay in on high pollution days or windy days or take medicine before going out	<input type="checkbox"/> <b>clima:</b> no salga durante los días de alta polución o cuando hay mucho viento o tome la medicina antes de salir
<b>other triggers:</b> _____	<input type="checkbox"/> <b>otros provocadores:</b> _____
Do not know triggers yet; talked about all that are possible	<input type="checkbox"/> Todavía no se conocen los provocadores; hablamos de todos los posibles provocadores.

**When you travel:**

- Take your clean pillow.
- When you visit someone with pets, don't stay long.
- Ask your doctor if you should take controller medicine before you go.
- Sit in no smoking places.

**To do:**

- Take your medicine when you should.
- Always use your spacer.
- Rinse your mouth after using your inhalers.
- Call your doctor if you are sick and not getting better for 1 to 2 days.

**Cuando viaje:**

- Lleve su almohada limpia.
- Cuando visita un lugar que tiene mascotas, no pase mucho tiempo allí.
- Pregunte al doctor si debe tomar la medicina controladora antes de salir.
- Siéntese en el área de no fumar.

**Qué hacer:**

- Tome su medicamento cuando debe tomarlo.
- Siempre use el espaciador.
- Enjuáguese la boca después de usar los inhaladores.
- Llame a su doctor si se enferma y no mejora después de 1 ó 2 días.



# The Emily Center

## Asthma Action Plan

Procedure/Treatment/Home Care  
Si usted desea esta información en español,  
por favor pídasela a su enfermero o doctor.

Name of Health Care Provider: \_\_\_\_\_ Number: 1046/1048

For office use: Date returned: \_\_\_\_\_  db  nb

## Family Review of Handout

Health care providers: Please teach families with this handout.

Families: Please let us know what you think of this handout.

Would you say this handout is hard to read?  Yes  No

easy to read?  Yes  No

Please circle the parts of the handout that were hard to understand.

Would you say this handout is interesting to read?  Yes  No

Why or why not?

Would you do anything differently after reading  
this handout?  Yes  No

If yes, what?

After reading this handout, do you have any  
questions about the subject?  Yes  No

If yes, what?

Is there anything you don't like about the drawings?

Yes

No

If yes, what?

What changes would you make in this handout to make it better or easier to understand?

Please return your review of this handout to your nurse or doctor or send it to the address below.

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**Thank you for helping us!**