

# ASTHMA ACTION PLAN



Asthma and Allergy  
Foundation of America  
aafa.org

Name:	Date:
Doctor:	Medical Record #:
Doctor's Phone #: Day	Night/Weekend
Emergency Contact:	
Doctor's Signature:	

The colors of a traffic light will help you use your asthma medicines.



- GREEN means Go Zone!**  
Use preventive medicine.
- YELLOW means Caution Zone!**  
Add quick-relief medicine.
- RED means Danger Zone!**  
Get help from a doctor.

Personal Best Peak Flow: \_\_\_\_\_

<b>GO</b>		Use these daily controller medicines:		
		MEDICINE	HOW MUCH	HOW OFTEN/WHEN
<b>You have <i>all</i> of these:</b> <ul style="list-style-type: none"> <li>Breathing is good</li> <li>No cough or wheeze</li> <li>Sleep through the night</li> <li>Can work &amp; play</li> </ul>	<b>Peak flow:</b> from _____ to _____			
		For asthma with exercise, take:		
<b>CAUTION</b>		Continue with green zone medicine and add:		
		MEDICINE	HOW MUCH	HOW OFTEN/ WHEN
<b>You have <i>any</i> of these:</b> <ul style="list-style-type: none"> <li>First signs of a cold</li> <li>Exposure to known trigger</li> <li>Cough</li> <li>Mild wheeze</li> <li>Tight chest</li> <li>Coughing at night</li> </ul>	<b>Peak flow:</b> from _____ to _____			
		CALL YOUR ASTHMA CARE PROVIDER.		
<b>DANGER</b>		Take these medicines and call your doctor now.		
		MEDICINE	HOW MUCH	HOW OFTEN/WHEN
<b>Your asthma is getting worse fast:</b> <ul style="list-style-type: none"> <li>Medicine is not helping</li> <li>Breathing is hard &amp; fast</li> <li>Nose opens wide</li> <li>trouble speaking</li> <li>Ribs show (in children)</li> </ul>	<b>Peak flow:</b> reading below _____			

**GET HELP FROM A DOCTOR NOW!** Your doctor will want to see you right away. It's important!  
**If you cannot contact your doctor, go directly to the emergency room. DO NOT WAIT.**  
 Make an appointment with your asthma care provider within two days of an ER visit or hospitalization.



# Anaphylaxis Emergency Action Plan

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies: \_\_\_\_\_

Asthma  Yes (*high risk for severe reaction*)  No

Additional health problems besides anaphylaxis: \_\_\_\_\_

Concurrent medications: \_\_\_\_\_

	<b>Symptoms of Anaphylaxis</b>
<b>MOUTH</b>	Itching, swelling of lips and/or tongue
<b>THROAT*</b>	Itching, tightness/closure, hoarseness
<b>SKIN</b>	itching, hives, redness, swelling
<b>GUT</b>	vomiting, diarrhea, cramps
<b>LUNG*</b>	shortness of breath, cough, wheeze
<b>HEART*</b>	weak pulse, dizziness, passing out

*Only a few symptoms may be present. Severity of symptoms can change quickly.  
\*Some symptoms can be life-threatening. ACT FAST!*

### Emergency Action Steps - DO NOT HESITATE TO GIVE EPINEPHRINE!

1. Inject epinephrine in thigh using (check one):
- |  |  |
|--|--|
| <input type="checkbox"/> Adrenacllick (0.15 mg)              | <input type="checkbox"/> Adrenacllick (0.3 mg) |
| <input type="checkbox"/> EpiPen Jr (0.15 mg)                 | <input type="checkbox"/> EpiPen (0.3 mg)       |
| Epinephrine Injection, USP Auto-injector- authorized generic |  |
| <input type="checkbox"/> (0.15 mg)                           | <input type="checkbox"/> (0.3 mg)              |
| <input type="checkbox"/> Other (0.15 mg)                     | <input type="checkbox"/> Other (0.3 mg)        |

Specify others: \_\_\_\_\_

**IMPORTANT: ASTHMA INHALERS AND/OR ANTIHISTAMINES CAN'T BE DEPENDED ON IN ANAPHYLAXIS.**

2. Call 911 or rescue squad (before calling contact)

3. Emergency contact #1: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Emergency contact #2: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Emergency contact #3: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Doctor's Signature/Date/Phone Number

\_\_\_\_\_  
Parent's Signature (for individuals under age 18 yrs)/Date