

Asthma Action Plan for _____ DOB: _____

Emergency Contact: _____ Phone Number: _____ Date: _____

Doctor's Name: _____ Phone Number: _____ Pharmacy: _____

<p>GREEN means GO! Use CONTROL medicines daily</p> <p>YELLOW means CAUTION! Add RESCUE medicine</p> <p>RED means DANGER! Get help from a doctor NOW</p>	<p>Asthma Severity:</p> <p><input type="radio"/> Intermittent OR <input type="radio"/> Persistent</p> <p><input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe</p>	<p>Asthma Triggers:</p> <table style="width:100%; border: none;"> <tr> <td><input type="radio"/> Animals (furry or feathered)</td> <td><input type="radio"/> Change in temperature</td> <td><input type="radio"/> Exercise</td> </tr> <tr> <td><input type="radio"/> Colds/Respiratory infections</td> <td><input type="radio"/> Tobacco Smoke</td> <td><input type="radio"/> Cockroaches</td> </tr> <tr> <td><input type="radio"/> Strong odors or cologne</td> <td><input type="radio"/> Mold</td> <td><input type="radio"/> Pollen</td> </tr> <tr> <td><input type="radio"/> Other _____</td> <td><input type="radio"/> Dust</td> <td></td> </tr> </table> <p>Peak flow: Height (inches): _____ Predicted Best _____ Personal Best _____</p>	<input type="radio"/> Animals (furry or feathered)	<input type="radio"/> Change in temperature	<input type="radio"/> Exercise	<input type="radio"/> Colds/Respiratory infections	<input type="radio"/> Tobacco Smoke	<input type="radio"/> Cockroaches	<input type="radio"/> Strong odors or cologne	<input type="radio"/> Mold	<input type="radio"/> Pollen	<input type="radio"/> Other _____	<input type="radio"/> Dust	
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HELPFUL HINTS: Always use a spacer device when using metered dose inhalers and Always rinse your mouth after using controller medicine

CONTROLLED- Green	Use CONTROL medicines EVERY DAY. Don't stop taking without talking to your doctor.
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<ul style="list-style-type: none"> Breathing is good No cough or wheeze Can play and work Sleeping well at night <p>Peak Flow > _____ (80-100% of best)</p>	<p>_____ puffs of _____ times a day, every day.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> _____ puffs of _____ 10-15 min before very active exercise.</p>
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CAUTION- Yellow	Take your RESCUE medicine and continue your CONTROL medicines.
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<ul style="list-style-type: none"> Coughing (may be worse at night or with exercise) Wheezing Chest tightness Shortness of breath 1st sign of a cold <p>Peak flow _____ to _____ (50%-80% of best)</p>	<table style="width:100%; border: none;"> <tr> <td style="width:33%;"><u>Rescue medicine:</u></td> <td style="width:33%;"><u>How much to take:</u></td> <td style="width:33%;"><u>When to take it:</u></td> </tr> <tr> <td>Albuterol <input type="checkbox"/> _____ puffs by inhaler with _____</td> <td rowspan="2" style="text-align: center; vertical-align: middle;">OR</td> <td><input type="checkbox"/> Repeat every 4 hours until back in the green zone</td> </tr> <tr> <td>Symbicort/Dulera <input type="checkbox"/> _____</td> <td><input type="checkbox"/> Repeat every 6 hours until back in the green zone</td> </tr> <tr> <td>OR</td> <td><input type="checkbox"/> Nebulizer _____</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> <p><u>Additional therapy:</u> _____</p> <ol style="list-style-type: none"> 1. Call your doctor if you need to use your rescue medicine for more than 24 hours or 2 times in a week 2. Always check for improvement in symptoms and/or repeat peak flow meter 10-15 minutes after using rescue medicine. Continue to follow plan. 	<u>Rescue medicine:</u>	<u>How much to take:</u>	<u>When to take it:</u>	Albuterol <input type="checkbox"/> _____ puffs by inhaler with _____	OR	<input type="checkbox"/> Repeat every 4 hours until back in the green zone	Symbicort/Dulera <input type="checkbox"/> _____	<input type="checkbox"/> Repeat every 6 hours until back in the green zone	OR	<input type="checkbox"/> Nebulizer _____	<input type="checkbox"/> Other _____
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<p style="text-align: center;"><u>SMART Therapy</u></p> <ul style="list-style-type: none"> If taking Symbicort or Dulera inhaler as rescue 	<p style="text-align: center;"><u>SMART Therapy Helpful Hints</u></p> <ul style="list-style-type: none"> Ages 4-11 years of age, use a maximum of 8 puffs per day Ages 12 years and older, use a maximum of 12 puffs per day <p>**Contact your doctor if you need to exceed the maximum number of puffs</p>
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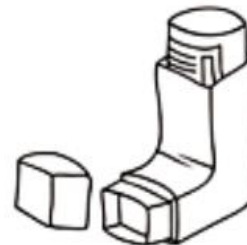
EMERGENCY- Red	Take your RESCUE medicine immediately and get help!
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<ul style="list-style-type: none"> Breathing hard and fast Nostrils open wide (flares out) Sinking in of skin between ribs and neck (retracting) Grunting Can't talk or walk well Gray or blue lips or fingernails <p>Peak Flow > _____ (< 50% of best)</p>	<table style="width:100%; border: none;"> <tr> <td style="width:33%;"><u>Rescue medicine:</u></td> <td style="width:33%;"><u>How much to take:</u></td> <td style="width:33%;"><u>When to take it:</u></td> </tr> <tr> <td>Albuterol <input type="checkbox"/> _____ puffs by inhaler with _____</td> <td rowspan="2" style="text-align: center; vertical-align: middle;">OR</td> <td><input type="checkbox"/> Repeat every 20 minutes for a total of 3 treatments</td> </tr> <tr> <td>OR</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Nebulizer _____</td> <td></td> <td></td> </tr> </table> <ol style="list-style-type: none"> 1. Call your doctor at _____ while giving rescue medicine. 2. If you cannot contact your doctor or parent/guardian, call 911 or go directly to the Emergency Department. 	<u>Rescue medicine:</u>	<u>How much to take:</u>	<u>When to take it:</u>	Albuterol <input type="checkbox"/> _____ puffs by inhaler with _____	OR	<input type="checkbox"/> Repeat every 20 minutes for a total of 3 treatments	OR	<input type="checkbox"/> Other _____	<input type="checkbox"/> Nebulizer _____		
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Completed by: _____

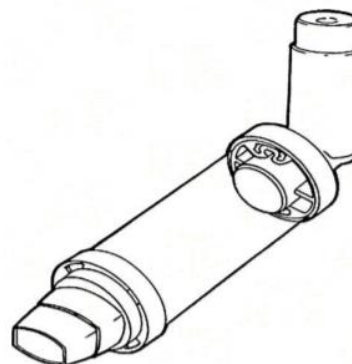
Using My Inhaler

1. Check inhaler expiration date.
2. Shake inhaler five (5) times before using.
3. Prime your controller medicine, _____, _____ puffs before using it the first time.
4. Prime your rescue (albuterol) inhaler _____ puffs before using it the first time and _____ puffs after _____ days of non-use.
5. Spacer device needs to be used with all inhalers, *with the exception of diskus, flexhaler, and twisthaler.*
6. Always rinse mouth after using inhaler.
7. Always refill inhaler before empty.
 - Dose counter inhalers need to be refilled when 10 is showing in the window.
 - Inhalers without dose counters need to record puffs used and subtract number from total number of actuations shown on the canister.
 - Floating inhalers in water is not recommended.
8. Clean the mouthpiece of the inhaler weekly with a dry cloth.



Mouthpiece Spacer

1. Remove caps from inhaler and spacer.
2. Shake inhaler and insert into back of spacer.
3. Breathe out and place mouthpiece in mouth.
4. Press inhaler once to release one puff of medication.
5. Take in a slow, deep breath. Hold breath until you count to 10 then slowly breathe out. If you hear a whistling sound, you are breathing in too quick. Stop, slow down and repeat.
6. If additional puffs are needed, wait 2 minutes and repeat steps 3, 4 and 5.
7. Always use a spacer when using an inhaler.
8. Keep spacer stored in a sealable bag to keep clean.
9. Cleaning Instructions: Pull off inhaler insertion part and rotate mouthpiece to disassemble, agitate parts in warm soapy (liquid detergent) water for 1 minute, then allow parts to soak for at least 10 minutes. Rinse using clean running water. Allow parts to AIR DRY completely before putting back together.



Facemask Spacer

1. Remove cap from inhaler.
2. Shake inhaler and insert into back of spacer.
3. Apply mask to face covering mouth and nose. Apply gentle pressure to make a good seal.
4. Press inhaler once and breathe in and out through mask for 5-6 breaths.
5. If additional puffs are needed, wait 2 minutes and repeat steps 3 and 4.
6. Always use a spacer when using an inhaler.
7. Keep spacer stored in sealable bag to keep it clean.
8. Cleaning Instructions: Pull off inhaler insertion part, mask and rotate mouthpiece to disassemble, agitate parts in warm soapy (liquid detergent) water for 1 minute, then allow parts to soak for at least 10 minutes. Rinse using clean running water. Allow parts to AIR DRY completely before putting back together.

