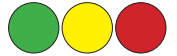


Asthma Action Plan



Name _____

Date _____

Physician _____

Physician Phone _____

Type of Asthma: Allergies (pets, pollen) Infection Exercise Irritants (smoke, pollution, smells)

Time of year most likely to exacerbate: _____

<p>GREEN ZONE</p> <ul style="list-style-type: none"> breathing is good no cough or wheeze can play or exercise <p>Baseline ACT: _____</p>	<p>TAKE THESE CONTROLLER MEDICINES EVERY DAY FOR PREVENTION</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
<p>YELLOW ZONE</p> <p>You might be in this zone if you have:</p> <p>Main Symptom is circled</p> <ul style="list-style-type: none"> cold-like symptoms exposure to a known trigger cough wheeze chest tightness coughing at night drop in ACT score by 3 points or more shortness of breath 	<p>CONTINUE CONTROLLER MEDICINES AND ADD THE FOLLOWING:</p> <p>1. Start using Rescue Inhaler (Albuterol, Ventolin, ProAir, Proventil, Xopenex) with spacer 2 to 4 puffs every 4 -6 hours or nebulizer.</p> <p>2. _____</p> <p>3. _____</p> <p>☞ If you are not improving, proceed to RED ZONE</p> <p>☞ If you are getting better, continue YELLOW treatments every 4-6 as needed for 24-48 hours</p> <p>☞ If you are still having symptoms after 24 hours, CALL OUR OFFICE</p> <p>☞ If rescue medication is needed more than 2 times a week, call your doctor</p>
<p>RED ZONE</p> <p>Your asthma might be worsening:</p> <ul style="list-style-type: none"> medicine is not helping breathing hard and fast nose opens wide can't talk well 	<p>TAKE THESE MEDICINES AND CALL YOUR DOCTOR NOW!</p> <p>1. Continue using Rescue Inhaler (Albuterol, Ventolin, ProAir, Proventil, Xopenex) 2 to 4 puffs every 20 minutes times three or nebulizer.</p> <p>2. If worsening during treatments, or not better after 3rd treatment, please call our office to speak with the medical provider on call or go to the nearest Emergency Room. Our phone number is _____.</p> <p>3. _____</p> <p>4. _____</p>



Medical Classification of Asthma:

Intermittent Mild Persistent Moderate Persistent Severe Persistent



ASTHMA CONTROL TEST

For ages 12 and older: Circle the number for each answer. Add up the numbers to get the total and record at the bottom

- In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or home?
(1) All of the time (2) Most of the time (3) Some of the time (4) A little of the time (5) None of the time
- In the past 4 weeks, how often have you had shortness of breath?
(1) More than once a day (2) Once a day (3) Three to six times a week (4) Once or twice a week (5) Not at all
- In the past 4 weeks, how often did your asthma symptoms wake you up at night or earlier than usual in the morning?
(1) 4 or more nights a week (2) 2 or 3 nights a week (3) Once a week (4) Once or twice (5) Not at all
- In the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication?
(1) 3 or more times per day (2) 1 or 2 times a day (3) 2 or 3 times per week (4) Once a week or less (5) Not at all
- How would you rate your asthma control in the past 4 weeks?
(1) Not controlled at all (2) Poorly controlled (3) Somewhat controlled (4) Well controlled (5) Completely controlled

Total Score: _____

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For Ages 4 to 11 years old: Let your child respond to the first four questions. You may help your child with reading and understanding the question, but let your child select the response. Complete the remaining questions (5-7) on your own and without letting your child's responses influence your answer. There are no right or wrong answers.

- To the child: How is your asthma today?
(0) Very Bad (1) Bad (2) Good (3) Very Good
- To the child: How much of a problem is your asthma when you run, exercise or play sports?
(0) It's a big problem, can't do what I want (1) It's a problem (2) It's a little problem, but okay (3) It is not a problem
- To the child: Do you cough because of your asthma?
(0) Yes, all of the time (1) Yes, most of the time (2) Yes, sometimes (3) No, none of the time
- To the child: Do you wake up at night because of your asthma?
(0) Yes, all of the time (1) Yes, most of the time (2) Yes, sometimes (3) No, none of the time
- To the parent: During the past 4 weeks, on average, how many days per month did your child have any daytime symptoms?
(0) Everyday (1) 19-24 days/month (2) 11-18 days/month (3) 4-10days/month (4) 1-3 days/month (5) Not at all
- To the parent: During the past 4 weeks, how many days per month did your child wheeze during the day due to asthma?
(0) Everyday (1) 19-24 days/month (2) 11-18 days/month (3) 4-10days/month (4) 1-3 days/month (5) Not at all
- To the parent: During the last 4 weeks, how many days per month did your child wake up during the night due to asthma?
(0) Everyday (1) 19-24 days/month (2) 11-18 days/month (3) 4-10days/month (4) 1-3 days/month (5) Not at all

Total Score: _____