University of Michigan Hospitals & Health Centers Asthma Action Plan for Patients 12 Years or Older

12/09

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REV:

HIM:

POD-0243

Name:	
Reg #:	Date:
DOB:	Age:

	GREEN ZONE	Controller Medications	
	(Doing Well)	Take these medication(s) EVERY DAY.	
*	Breathing is good (no coughing, wheezing, chest tightness, or shortness of breath during the day or night), and	Medication Directions	
✓	Able to do usual activities (work, play, and exercise), and		
✓	Peak flow is more than 80% of your personal best ()	☐ If you usually have symptoms with exercise, then take:	
P	ersonal Best:		
	YELLOW ZONE	Rescue Medications	
	(Caution)	Continue taking your controller medication(s) as prescribed.	
✓	Breathing problems (coughing, wheezing, chest tightness,	Take:	
	shortness of breath, or	Then: ◆ Wait 20 minutes and see if the treatment(s) helped	
	waking up from sleep), or	 If you are GETTING WORSE or are NOT IMPROVING after the treatment(s), go to the Red Zone 	
✓	Can do some, but not	If you are BETTER,	
	all, usual activities, or	Then: If you still have symptoms after 24 hours, CALL YOUR DOCTOR and if he/she agrees:	
ľ	Peak flow is between 60% to 80% of your	□ Start:	
	personal best	☐ Other:	
	(to)	If rescue medication is needed more than 2 times a week, call your doctor at	
	RED ZONE	Emergency Treatment	
	(Medical Alert)	Take these medication(s) and seek medical help NOW.	
✓	Breathing is hard and fast (nose opens wide, ribs show), <i>or</i>	Take:	
✓	Rescue medications	Then: ◆ Wait 15 minutes and see if the treatment(s) helped	
1	have not helped, <i>or</i> Cannot do usual	If you are GETTING WORSE or are NOT IMPROVING, go to the hospital or call 9-1-1	
·	activities (including trouble talking or walking), or	 If you are BETTER, continue treatments every 4 to 6 hours and call your doctor – say you are having an asthma attack and need to be seen TODAY 	
✓	Peak flow is less than 60% of your personal	Then: If your doctor agrees, start:	
	best ()	☐ Other:	
	lan Developed in Partnership with Patient by (Doctor's Name): Doctor Number:		
oigna	ignature: Date/Time:		

iniversity of Michigan

Medical Records

Asthma Action Plan

Patients 12 Years or Older