

Date \_\_\_\_\_

# Asthma Action Plan



Name \_\_\_\_\_

DCFS ID # \_\_\_\_\_

Medicaid ID # \_\_\_\_\_

Doctor: \_\_\_\_\_

Phone for doctor or clinic: \_\_\_\_\_

Phone for taxi or friend: \_\_\_\_\_

**EMERGENCY: 911**

**Always take this medicine  
plan with you to the doctor,  
clinic, or emergency room.**

## 1. Green – Go

Use preventive medicine.

- Breathing is good
- No cough or wheeze
- Can work and play



<u>Medicine</u>	<u>How much to take</u>	<u>When to take it</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

20 minutes before sports, use this medicine:

_____	_____	_____
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Peak Flow Number \_\_\_\_\_  
To \_\_\_\_\_

## 2. Yellow – Caution

Take quick-relief medicine to keep an asthma attack from getting bad.



Cough



Wheeze



Tight chest



Wake up at night

<u>Medicine</u>	<u>How much to take</u>	<u>When to take it</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Peak Flow Number \_\_\_\_\_  
To \_\_\_\_\_

## 3. Red – Stop – Danger

**Get help from a doctor now!**

Take these medicines until you talk with the doctor.  
If you cannot reach your doctor go to the emergency room.

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Can't walk
- Ribs show
- Can't talk well



<u>Medicine</u>	<u>How much to take</u>	<u>When to take it</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Peak Flow Number \_\_\_\_\_  
To \_\_\_\_\_