



# Asthma Action Plan Adult

Name:	Date of Birth	Date:
Address:		
Parent/Guardian:	Home/Cell #:	Work #:
Health Care Provider:	Office #:	
<b>① KNOWN ASTHMA TRIGGERS:</b> <input type="checkbox"/> Exercise <input type="checkbox"/> Pet Dander <input type="checkbox"/> Mold <input type="checkbox"/> Dust <input type="checkbox"/> Pollen <input type="checkbox"/> Colds <input type="checkbox"/> Strong Odors <input type="checkbox"/> Cold Air <input type="checkbox"/> Pests		
<b>② ALLERGIES:</b> _____		

**Asthma Severity Classification:**  Intermittent  Mild Persistent  Moderate Persistent  Severe Persistent  
 Personal Best Peak Flow : \_\_\_\_\_

**GO ZONE – You’re Doing Well! TAKE THESE MEDICINES EVERYDAY**



If you have ***all*** of these:

- Breathing is good
- No cough or wheeze
- Sleep well at night
- Can work & exercise
- Peak Flow > \_\_\_\_\_

CONTROLLER MEDICINE (Dose/Route)	HOW MUCH	HOW OFTEN	WHEN
1. _____	_____ Puffs Inhaled	_____	AM/PM
	<input type="checkbox"/> with spacer		
2. _____	_____	_____	AM/PM
3. _____	_____	_____	AM/PM
4. _____	_____	_____	AM/PM

Exercise Pre-treatment: Albuterol MDI 90 / Xopenex MDI 45 \_\_\_\_\_ Puffs Inhaled  5-10 minutes before exercise  
 Other: \_\_\_\_\_

**CAUTION ZONE: – CONTINUE WITH EVERYDAY MEDICINE and ADD RESCUE MEDICINE SLOW DOWN !**



If you have ***any*** of these:

- First signs of a cold
- Exposed to Trigger
- Cough, Wheeze
- Shortness of breath
- Coughing at night
- Peak Flow between \_\_\_ and \_\_\_\_\_

**DO THIS:** Give (***Circle One***):

Albuterol MDI 90/ Xopenex MDI 45 \_\_\_\_\_ Puffs Inhaled  every \_\_\_ hours  with spacer  
 Nebulized Albuterol \_\_\_\_\_ mg/\_\_\_ ml \_\_\_\_\_ Vial inhaled  every \_\_\_ hours  nebulizer

Other: \_\_\_\_\_  
**\*CALL YOUR HEALTH PROVIDER IF: NO improvement 20 minutes after taking the Rescue Medication**

**Note:** Call provider if using Rescue medication more than 2 days/week for asthma symptoms or for control concerns

**DANGER ZONE – GET HELP! TAKE THESE MEDICINES AND CALL YOUR PROVIDER NOW**



If your Asthma is **getting worse fast:**

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Can't talk well
- Getting nervous

MEDICINE ( <i>Circle med</i> )	HOW MUCH	HOW OFTEN/WHEN
1. Albuterol MDI 90 / Xopenex MDI 45	_____ Puffs Inhaled	<input type="checkbox"/> with spacer _____
2. Nebulized Solution: _____	_____ 1 vial inhaled	_____
3. Other: _____		
<b>*Call your Health Care Provider NOW, if they are not available,            Go to the emergency room or call 911 and bring this form with you. <span style="color: red;">DO NOT WAIT!</span></b>		

\_\_\_\_\_  
 Prescriber Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Adult or Parent/Guardian Signature

\_\_\_\_\_  
 Date