



# 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
2. _____	_____ <input type="checkbox"/> with spacer	_____	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 ( <u>Circle med</u> )	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: _____	_____	

**\*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. **DO NOT WAIT!****

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_