

ASTHMA-PATIENT ACTION PLAN

PLEASE USE A BALL POINT PEN AND PRESS FIRMLY

Name: _____ Member No.: _____
 Address: _____
 Doctor: _____ Date: _____
 Address: _____
 Phone for doctor or clinic: _____
 Phone for taxi or friend: _____
 Personal Best Peak Flow: _____

You can use the colors of a traffic light to help learn about your asthma medicines.



- 1. Green means Go.**
80-100% Personal Best Peak Flow. Use controller medicine.
- 2. Yellow means Caution.**
50-79% Personal Best Peak Flow. Use reliever medicine.
- 3. Red means Stop.** <50% Personal Best Peak Flow. Get help from a doctor.



1. Green - Go

Use controller medicine.

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



Peak Flow Number
 _____ to _____
 (80-100%
 Personal Best Peak Flow)

Medicine	How much to take	When to take it
_____	_____	_____
_____	_____	_____

10-20 minutes before sports or other strenuous activity, use this medicine:

2. Yellow - Caution

Take reliever medicine to keep an asthma attack from getting bad.



Cough



Wheezing



Tight Chest



Wake up at night

Peak Flow Number
 _____ to _____
 (50-79%
 Personal Best Peak Flow)

Medicine	How much to take	When to take it
_____	_____	_____
_____	_____	_____

3. Red - Stop - Danger

Get help from a doctor now!

Take these medicines until you talk with the doctor

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



Peak Flow Number
 _____ to _____
 (less than 50%
 Personal Best Peak Flow)

Medicine	How much to take	When to take it
_____	_____	_____
_____	_____	_____

If your symptoms do not improve and you cannot contact your doctor, go to the emergency room or call 911 immediately.

Signatures:

Physician

Patient

Caretaker

Page 1: Patient

Page 2: Primary Care Physician

Page 3: Specialist

Page 4: School Nurse

Page 5: Health Plan

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