

ASTHMA ACTION PLAN

Your Name _____

Your Doctor _____ Phone# _____

Emergency Contact #1 _____ Phone# _____

Emergency Contact #2 _____ Phone# _____



- Breathing is Good
- No cough or Wheeze
- Can Work and Play

USE CONTROLLER/PREVENTIVE MEDICINE:

MEDICINE	HOW MUCH TO TAKE	WHEN TO TAKE IT
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_____	_____	_____
_____	_____	_____

20 Minutes before sports, use this medicine:

PEAK FLOW NUMBER _____ TO _____



- Coughing
- Wheezing
- Tight Chest
- Wake Up at Night

TAKE RESCUE/QUICK-RELIEF MEDICINE TO KEEP AN ASTHMA ATTACK FROM GETTING BAD

MEDICINE	HOW MUCH TO TAKE	WHEN TO TAKE IT
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_____	_____	_____
_____	_____	_____
_____	_____	_____

PEAK FLOW NUMBER _____ TO _____



- Medicine Not Helping
- Breathing is Hard and Fast
- Nose Opens Wide
- Can't Walk or Talk Well
- Ribs Show

STOP! GET HELP FROM A DOCTOR NOW! CALL 911! TAKE RESCUE MEDICINE UNTIL YOU TALK WITH A DOCTOR.

MEDICINE	HOW MUCH TO TAKE	WHEN TO TAKE IT
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_____	_____	_____
_____	_____	_____
_____	_____	_____

PEAK FLOW NUMBER _____ TO _____

