### ASTHMA ACTION PLAN

**OKLAHOMA ALLERGY & ASTHMA CLINIC**

**SYMPTOMS/STATUS DOING WELL**

- No symptoms
- Can do usual activities
- Usual medications control the symptoms.

**GREEN ZONE**

- Best Peak Flow __________
- Greater than __________ (>80%)
- Asthma under control

**TREATMENT:** Continue regular asthma medications:

a) ____________________________________________________________

b) ____________________________________________________________

c) ____________________________________________________________

d) ____________________________________________________________

**SYMPTOMS/STATUS INCREASE IN SYMPTOMS CAUTION!!!**

- Increase in symptoms
- Waking up at night due to asthma
- Usual activities are limited
- Increased need for medications

**YELLOW ZONE**

- a) __________ (60-80%)
  - Early asthma flare

- b) __________ (50-60%)
  - Increasing shortness of breath or poor response to _________

**TREATMENT:** Increase use of __________ to every 2 hours for a total of 3 doses. Repeat your peak flow 20 minutes after each dose. If peak flow is not back to normal after 4 hours or if asthma symptoms are increasing then:

- ____________________________________________________________
- ____________________________________________________________
- ____________________________________________________________
- ____________________________________________________________

**SYMPTOMS/STATUS MORE SEVERE SYMPTOMS MEDICAL ALERT!!!!!!!**

- Increased symptoms longer than 24 hours
  - Very short of breath
  - Usual activities severely limited
  - Asthma medications haven’t reduced symptoms

**RED ZONE**

- Less than __________ (<50%)
  - Severe attack

**TREATMENT:** Use __________ immediately (may repeat every 20 minutes x 3). If no improvement in 1 hr., or if in severe respiratory distress, go immediately to emergency room. If improved, then spread treatment to every hour x 2, every 2 hours x 2, then back to every 3-4 hours. If you ever have to give treatments this close, please notify me immediately.

**CALL YOUR OAAC PHYSICIAN (1-405-235-0040) OR YOUR PRIMARY CARE PHYSICIAN**

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**Symptoms/Status**

- **Doing Well**
  - No symptoms
  - Can do usual activities
  - Usual medications control the symptoms.

- **Increase in Symptoms Caution!!!**
  - Increase in symptoms
  - Waking up at night due to asthma
  - Usual activities are limited
  - Increased need for medications

- **More Severe Symptoms Medical Alert!!!!!!!**
  - Increased symptoms longer than 24 hours
  - Very short of breath
  - Usual activities severely limited
  - Asthma medications haven’t reduced symptoms

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**Danger Signs:** Difficulty walking and talking due to shortness of breath. Lips or fingernails are blue.

**Go to Hospital Now OR Call 911 Now**