University of Michigan Hospitals & Health Centers Asthma Action Plan for Patients 12 Years or Older

Name:	
Reg #:	Date:
DOB:	Age:

		Controller Medications	
	(Doing Well)	Take these medication(s) EVERY DAY.	
~	Breathing is good (no coughing, wheezing,	Medication Directions	
	chest tightness, or		
	shortness of breath during the day or		
	night), and		
\checkmark	Able to do usual		
	activities (work, play, and exercise), and		
\checkmark	Peak flow is more than		
	80% of your personal		
	best ()	□ If you usually have symptoms with exercise, then take:	
Р	ersonal Best:		
	YELLOW ZONE	Rescue Medications	
	(Caution)	Continue taking your controller medication(s) as prescribed.	
✓	Breathing problems	Take:	
•	(coughing, wheezing,		
	chest tightness, shortness of breath, or	Then: Wait 20 minutes and see if the treatment(s) helped	
	waking up from sleep),	 If you are GETTING WORSE or are NOT IMPROVING after the treatment(s), go to the Red Zone 	
	or	 If you are BETTER,	
~	Can do some, but not all, usual activities, or		
\checkmark	Peak flow is between	Then: If you still have symptoms after 24 hours, CALL YOUR DOCTOR and if he/she agrees:	
	60% to 80% of your	□ Start:	
	personal best	□ Other:	
	(to)	If rescue medication is needed more than 2 times a week , call your doctor at	
	RED ZONE	Emergency Treatment	
	(Medical Alert)	Take these medication(s) and seek medical help NOW.	
\checkmark	Breathing is hard and	Tal.	
	fast (nose opens wide,	Take:	
✓	ribs show), <i>or</i> Rescue medications		
×	have not helped, or	Then: Wait 15 minutes and see if the treatment(s) helped	
\checkmark	Cannot do usual	 If you are GETTING WORSE or are NOT IMPROVING, go to the hospital or call 9-1-1 	
	activities (including trouble talking or	 If you are BETTER, continue treatments every 4 to 6 hours and call your doctor – say you are having 	
	walking), or	an asthma attack and need to be seen TODAY	
~	Peak flow is less than	Then: If your doctor agrees, start:	
	60% of your personal best ()	□ Other:	
Plan [lan Developed in Partnership with Patient by (Doctor's Name): Doctor Number:		
Signa	gnature: Date/Time:		