**Asthma Action Plan**

Patient Name: …………………………………………

Date: ………………………….

GP: ………………………………..

Telephone: Park Surgery: 01227 742568, Broomfield Surgery: 01227 749678



The colours of a traffic light will help you use your asthma medicines.

GREEN means GO zone! – Use preventative medicine

YELLOW means Caution zone! - Add quick-relief medicine

RED means Danger Zone! – Get help from a doctor

Personal Best Peak Flow: ………………………..

|  |  |
| --- | --- |
| **GO** | **Use these daily preventative anti-inflammatory medicines:** |
| You have all of these:* Breathing is good
* No cough or wheeze
* Sleep through the night
* Can work & play

Peak flow from ……….. to ………. | MEDICINE | HOW MUCH | HOW OFTEN/WHEN |
|  |  |  |
|  |  |  |
|  |  |  |
| For asthma with exercise, take: |
|  |  |  |

|  |  |
| --- | --- |
| **CAUTION** | **Continue with green zone medicine and add:** |
| You have *any* of these:* First signs of a cold
* Exposure to known trigger
* Cough
* Mild wheeze
* Tight chest
* Coughing at night

Peak flow from ……….. to ………. | MEDICINE | HOW MUCH | HOW OFTEN/WHEN |
|  |  |  |
|  |  |  |
|  |  |  |
| CALL YOUR PRIMARY CARE PROVIDER |

|  |  |
| --- | --- |
| **DANGER** | **Take these medicines and call you doctor now:** |
| Your asthma is getting worse fast:* Medicine is not helping
* Breathing is hard & fast
* Nose opens wide
* Ribs show
* Can’t talk well

Peak flow reading below: ……….. | MEDICINE | HOW MUCH | HOW OFTEN/WHEN |
|  |  |  |
|  |  |  |
|  |  |  |

GET HELP FROM A DOCTOR NOW! Do not be afraid of causing a fuss. Your doctor will want to see you right away. It’s important! If you cannot contact your doctor, go directly to the emergency room. DO NOT WAIT. Make an appointment with your primary care provider within two days of an ER visit or hospitalization.