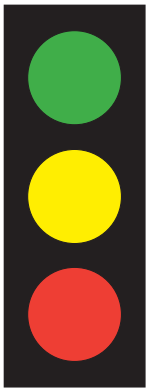
BlueCross BlueShield of Oklahoma

Asthma Action Plan

Name:	Date:
Medical Record #:	Practice phone:
Patient Goal:	
Important! Your triggers to avoid:	



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

Green means **Go Zone!**
Use preventive medicine.

Yellow means **Caution Zone!**
Add quick-relief medicine.

Red means **Danger Zone!**
Get help from a doctor.

Personal Best Peak Flow:_____

Triggers

❍ Colds ❍ Smoke ❍ Weather
❍ Exercise ❍ Dust ❍ Air Pollution
❍ Animals ❍ Food
❍ Other_____

Exercise

1. Premedication (how much and when)_____
_____
2. Exercise modifications _____
_____

GO

You have *all* of these:
- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work and play

Peak flow is greater than_____(80% of personal best)

Use these daily preventive anti-inflammatory medicines:

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

CAUTION

You have *any* of these:
- First signs of a cold
- Exposure to known trigger
- Cough
- Mild wheeze
- Tight Chest
- Coughing at night

Peak flow is between _____(50% of personal best and_____(80% of personal best

Continue with green zone medicine and add:

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

CALL YOUR PRIMARY CARE PROVIDER.

DANGER

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 is less than_____(50% of personal best

Take these medicines and call your provider now.

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

Get help from a provider now! Do not be afraid of causing a fuss. Your provider will want to see you right away. It's important! If you cannot contact your provider, 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.

Provider's Signature:_____ Patient's Signature:_____

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