



# MY EVERYDAY ASTHMA ACTION PLAN

DATE
PATIENT NAME
NEXT VISIT
PROVIDER NAME/NUMBER

GREEN ZONE



### When I am in my GREEN ZONE:

- No cough
- No wheeze
- No chest tightness

I take this medicine EVERY DAY to keep my ASTHMA in CONTROL:

\_\_\_\_\_ (NAME OF MEDICINE) \_\_\_\_ (DOSE), \_\_\_\_ times a day.  
 \_\_\_\_\_ (NAME OF MEDICINE) \_\_\_\_ (DOSE), \_\_\_\_ times a day.  
 Before exercise I take \_\_\_\_\_ (NAME OF MEDICINE) \_\_\_\_ (DOSE), \_\_\_\_ times a day.  
 Other EVERY DAY medicines I take are: \_\_\_\_\_

Use a spacer with metered dose inhalers. Rinse mouth after using inhalers. Avoid asthma triggers including: smoke, strong chemicals, colds and flu, and things I am allergic to such as \_\_\_\_\_

YELLOW ZONE



### When I am in the YELLOW ZONE:

- Early asthma symptoms
- A slight cough or wheeze
- The start of a cold

For QUICK RELIEF of asthma symptoms I take:

■ \_\_\_\_\_ (NAME OF MEDICINE) \_\_\_\_ (DOSE), every \_\_\_\_ hours.  
 For ASTHMA CONTROL I take:  
 ■ \_\_\_\_\_ (NAME OF MEDICINE) \_\_\_\_ (DOSE), \_\_\_\_ times a day.  
 I also take these medicines: \_\_\_\_\_  
 I CALL MY DOCTOR if symptoms don't get better after \_\_\_\_ days  
 I go back to my GREEN ZONE plan when my symptoms go away

RED ZONE



### When I am in the RED ZONE:

- A persistent cough
- A persistent wheeze
- Breathing fast

For QUICK RELIEF of asthma symptoms I take:

■ \_\_\_\_\_ (NAME OF MEDICINE) \_\_\_\_ (DOSE), every \_\_\_\_ hours.  
 For ASTHMA CONTROL I take:  
 ■ \_\_\_\_\_ (NAME OF MEDICINE) \_\_\_\_ (DOSE), \_\_\_\_ times a day.  
 I also take these medicines: \_\_\_\_\_  
 CALL DR. \_\_\_\_\_ AT \_\_\_\_\_

DANGER ZONE



### CALL 911 or go to nearest emergency room if:

- Breathing very hard or fast
- Breathing so hard I can't walk or talk
- Sucking in the stomach or ribs to breathe
- Lips or fingertips look blue

### Overcoming Barriers (check family's most common barriers to care)

Barrier	Action point
<input type="checkbox"/> Difficulty refilling medication	Request refill 7 days before empty; sign up for automatic refills
<input type="checkbox"/> Difficulty remembering to take daily medications	Discuss finding a good routine with school nurse and/or healthcare provider
<input type="checkbox"/> Do not think medication is working	Discuss concerns with your healthcare provider
<input type="checkbox"/> No transportation to medical appointments	Call TCHP Member Services [insert numbers]
<input type="checkbox"/> Have other questions about diagnosis or medications	Discuss with healthcare provider and/or call TCHP Member Services to request a case manager
<input type="checkbox"/> Difficulty making appointments	Call TCHP Member Services line [insert numbers]
<input type="checkbox"/> Worried about medication side effects	Discuss concerns with your healthcare provider. Call the TCHP Nurse Help Line.

QUESTIONS? Call the 24 hour, 7 days a week TCHP Nurse Help Line: 1-800-686-3831