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

Green = Go Zone!
Use preventive medicine.

Yellow = Caution Zone!
Add quick-relief medicine.

Red = Danger Zone!
Get help from a doctor.

CENTRAL TEXAS ASTHMA ACTION PLAN

To be completed by Physician Designee and signed by Physician

Patient Name ___________________________ Date _____________________

Date of Birth ___________________________

Has the patient ever been admitted to ICU?  ( ) Yes  ( ) No
Has the patient ever required mechanical ventilation?  ( ) Yes  ( ) No

Please classify this patient’s asthma. Refer to these choices adopted from the NIH Asthma Management Guidelines.

Asthma Classification by Physician: ( ) Mild intermittent  ( ) Moderate persistent
( ) Mild persistent  ( ) Severe persistent

PREDICTED NORMAL PEAK FLOW READING:

________________ lpm

GREEN ZONE: No signs or PF 80-100% of Predicted Normal or Personal Best – Take Preventative Medication

PEAK FLOW FROM _______ TO _______

You have all of these

• Breathing is good
• No cough or wheeze
• Sleep through night
• Can work and play

1. What preventative medications are prescribed and how often are they given? Name and Dose:

________________

2. Does this patient have Exercise Induced Asthma?  ( ) Yes  ( ) No

If yes, what medication should be given for EIA?

Take only one of the treatments 15-20 minutes before physical activity as needed.

☐ ALBUTEROL 2 puffs MDI & chamber  ☐ ALBUTEROL 1 vial in nebulizer

☐ XOPENEX 2 puffs MDI & chamber  ☐ XOPENEX 1 vial in nebulizer

☐ OTHER: __________________________

YELLOW ZONE: Caution Signs or PF 50 – 79% of Predicted Normal or Personal Best – Continue Preventative Medication

PEAK FLOW FROM _______ TO _______

In case of an asthma exacerbation, what quick-relief medication should be used?

Take one treatment every 4-6 hours as needed for 24-48 hours.

Recheck peak flow 15 minutes after treatment

☐ ALBUTEROL _______ puffs MDI & chamber  ☐ ALBUTEROL 1 vial in nebulizer

☐ XOPENEX _______ puffs MDI & chamber  ☐ XOPENEX 1 vial in nebulizer

☐ OTHER: __________________________

If treatments are needed for longer than 24-48 hours, call your doctor.

RED ZONE: Danger Signs or PF Below 50% of Predicted Normal or Personal Best – Continue Preventative Medication

PEAK FLOW BELOW

1. In case of an asthma exacerbation, what quick-relief medication should be used?

Take one treatment every 20 minutes for up to three treatments only.

Recheck peak flow 15 minutes after treatment

☐ ALBUTEROL _______ puffs MDI & chamber  ☐ ALBUTEROL 1 vial in nebulizer

☐ XOPENEX _______ puffs MDI & chamber  ☐ XOPENEX 1 vial in nebulizer

☐ OTHER: __________________________

2. Get immediate medical attention – Call your doctor. If at school, go to the nurse. Or, call 911.

Physician signature: ___________________ Physician name: __________________ Telephone (____)_________ Date: ____________

For children in school:

School Name: __________________________ School district: __________________________

I, the above signed physician, certify that the above named student has asthma and is capable of carrying and self-administering the above quick-relief asthma medication. (Texas Inhaler Law)  ( ) Yes  ( ) No

I give permission for the school nurse to administer the above physician orders and to communicate with my child’s health care provider concerning my child’s asthma.

Parent signature: ___________________ Parent name: __________________ Telephone (____)_________ Date: ____________