

PLEASE DO NOT WRITE ABOVE THIS LINE - FOR MAGNUS HEALTH USE ONLY



## ASTHMA ACTION PLAN FORM

This coversheet is **ONLY** for the form and student listed above  
and **MUST BE RECEIVED** for processing.



**DO NOT** use staples or paperclips!



Please print and complete this form then  
submit all pages including this coversheet via:

FAX	MAIL
<p><b>(877) 447-9530</b></p> <p>Outside of the United States? Please fax to (978) 244-8894</p>	<p>-OR-</p> <p><b>Magnus Health Does Not Accept Mailed Forms</b></p>

# Asthma Action Plan



**General Information:**

Name \_\_\_\_\_  
 Emergency contact \_\_\_\_\_ Phone numbers \_\_\_\_\_  
 Physician/Health Care Provider \_\_\_\_\_ Phone numbers \_\_\_\_\_  
 Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Severity Classification	Triggers	Exercise
<input type="radio"/> Mild Intermittent <input type="radio"/> Moderate Persistent <input type="radio"/> Mild Persistent <input type="radio"/> Severe Persistent	<input type="radio"/> Colds <input type="radio"/> Smoke <input type="radio"/> Weather <input type="radio"/> Exercise <input type="radio"/> Dust <input type="radio"/> Air pollution <input type="radio"/> Animals <input type="radio"/> Food <input type="radio"/> Other _____	1. Pre-medication (how much and when) _____ 2. Exercise modifications _____

**Green Zone: Doing Well** **Peak Flow Meter Personal Best =** \_\_\_\_\_

<p><b>Symptoms</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Breathing is good</li> <li><input type="checkbox"/> No cough or wheeze</li> <li><input type="checkbox"/> Can work and play</li> <li><input type="checkbox"/> Sleeps all night</li> </ul> <p><b>Peak Flow Meter</b> More than 80% of personal best or _____</p>	<p><b>Control Medications</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: black; color: white;">Medicine</th> <th style="background-color: black; color: white;">How Much to Take</th> <th style="background-color: black; color: white;">When To Take It</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Medicine	How Much to Take	When To Take It									
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**Yellow Zone: Getting Worse** **Contact Physician if using quick relief more than 2 times per week.**

<p><b>Symptoms</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Some problems breathing</li> <li><input type="checkbox"/> Cough, wheeze or chest tight</li> <li><input type="checkbox"/> Problems working or playing</li> <li><input type="checkbox"/> Wake at night</li> </ul> <p><b>Peak Flow Meter</b> Between 50 to 80% of personal best or _____ to _____</p>	<p><b>Continue control medicines and add:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: black; color: white;">Medicine</th> <th style="background-color: black; color: white;">How Much to Take</th> <th style="background-color: black; color: white;">When To Take It</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p><b>IF your symptoms (and peak flow, if used) return to Green Zone after one hour of the quick relief treatment, THEN</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Take quick-relief medication every 4 hours for 1 to 2 days</li> <li><input type="radio"/> Change your long-term control medicines by _____</li> <li><input type="radio"/> Contact your physician for follow-up care</li> </ul>	Medicine	How Much to Take	When To Take It										<p><b>IF your symptoms (and peak flow, if used) DO NOT return to the GREEN ZONE after 1 hour of the quick relief treatment, THEN</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Take quick-relief treatment again</li> <li><input type="radio"/> Change your long-term control medicines by _____</li> <li><input type="radio"/> Call your physician/Health Care Provider within _____ hours of modifying your medication routine</li> </ul>
Medicine	How Much to Take	When To Take It												

**Red Zone: Medical Alert** **Ambulance/Emergency Phone Number:** \_\_\_\_\_

<p><b>Symptoms</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lots of problems breathing</li> <li><input type="checkbox"/> Cannot work or play</li> <li><input type="checkbox"/> Getting worse instead of better</li> <li><input type="checkbox"/> Medicine is not helping</li> </ul> <p><b>Peak Flow Meter</b> Between 0 to 50% of personal best or _____ to _____</p>	<p><b>Continue control medicines and add:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: black; color: white;">Medicine</th> <th style="background-color: black; color: white;">How Much to Take</th> <th style="background-color: black; color: white;">When To Take It</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p><b>Go to the hospital or call for an ambulance if</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Still in the red zone after 15 minutes</li> <li><input type="radio"/> If you have not been able to reach your physician/health care provider for help</li> <li><input type="radio"/> _____</li> </ul>	Medicine	How Much to Take	When To Take It										<p><b>Call an ambulance immediately if the following danger signs are present</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Trouble walking/talking due to shortness of breath</li> <li><input type="radio"/> Lips or fingernails are blue</li> </ul>
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