

MY ASTHMA ACTION PLAN

Name :

Date of making :

My Peak flow best performance :

Doctor name/mobile ph :

My Asthma Trigger/Inducer :

- | | | | |
|---------------------------------------|-------------------------------------|--|---|
| <i>Food Allergy</i> | <i>Airborne Allergy</i> | <i>Skin Allergy/Other Allergy</i> | <input type="checkbox"/> Weather/climate change |
| <input type="checkbox"/> Milk | <input type="checkbox"/> Pet | <input type="checkbox"/> Nickel | <input type="checkbox"/> Air pollution |
| <input type="checkbox"/> Gluten/Wheat | <input type="checkbox"/> Pollen | <input type="checkbox"/> Latex | <input type="checkbox"/> Cigarette Smoke |
| <input type="checkbox"/> Egg | <input type="checkbox"/> Dust Mites | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Excess Exercise |
| <input type="checkbox"/> Fish/seafood | <input type="checkbox"/> Cockroach | <input type="checkbox"/> Others : | <input type="checkbox"/> Stress/Emotion |
| <input type="checkbox"/> Peanut | <input type="checkbox"/> Mold | | <input type="checkbox"/> Others : |

GREEN ZONE (SAFE)

- * Normal breathing
- * No coughing / difficult breathing
- * Can do normal activity
- * Normal sleep
- * Using medication for normal condition

My Peak Flow Meter Rate :

to

(Up to 80% - 100% of my best performance)

**** Avoid trigger and allergen**

MEDICATION	DOSE	TIME

YELLOW ZONE (ALLERT)

- * Asthma symptoms appear during activities and during night time
- * Asthma symptoms can be solved with bronchodillator
- * Using bronchodillator up to 4 times/day
- * Symptoms of flu
- * Early signs of asthma (see : asthma symptoms)

My Peak Flow Meter Rate :

to

(Up to 60% - 80% of my best performance)

**** Increase medication use when symptoms appear**

**** Use the medication until I get better**

MEDICATION	DOSE	TIME

When I must use bronchodillator EVERY 4 HOURS, IMMEDIATELY SEE MY DOCTOR OR GO TO HOSPITAL

-- Consult with my doctor if my asthma symptoms did not get better in few days ! --

RED ZONE (DANGEROUS)

- * Difficult breathing
- * Shortness of breath even in rest condition
- * Difficult walking and/or talking
- * Bluish lips and/or fingers
- * Neck and/or chest ribs skin area sucked in while breathing

My Peak Flow Meter Rate :

(< 60% of my best performance)

Bronchodillator effect only appeared after 10 minutes, or when I need more bronchodilator after 3 hours

**IMMEDIATELY CALL FOR AMBULANCE OR GO TO ER !
Use as many bronchodillator as needed on the way there !**

HOSPITAL ADDRESS :

AMBULANCE TLP NO :