

Patient Name Label

Maine Asthma Action/Management Plan

Personal best or predicted Peak Flow _____

Current Medications	How Much	How Often Each Day
Preventive/Controller Medicines		
Quick Relief Medicines		
Other Instructions:		

Remember to get your Flu shot each year!

- Goals:**
- ❖ No severe symptoms
 - ❖ Can do activities of your choice
 - ❖ No work or school missed due to asthma
 - ❖ Best possible lung function
 - ❖ No emergency visits or hospitalizations for asthma
 - ❖ Lowest dose of medicines that control asthma with fewest side effects

YOUR GOALS: _____

Green Zone
Doing Great!
Peak Flow
80-100%

Yellow Zone
Caution!
Asthma is getting worse
Peak Flow
50-80%

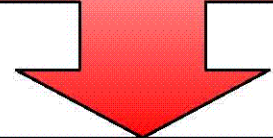
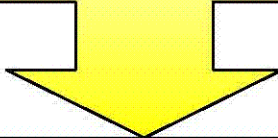
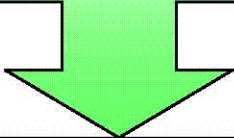
Red Zone

Peak Flow = _____ - _____

Peak Flow = _____ - _____

Peak Flow less than _____

<ul style="list-style-type: none"> • No cough, wheeze, or difficulty breathing • Sleep through the night • Can do usual activities • Peak flow 80-100% of personal best 	<ul style="list-style-type: none"> • Cough, wheeze, short of breath, or using quick relief medicine more than two extra times per week • Waking at night due to cough or wheeze more than 2 times a month • Can't do regular activities • Peak flow 50-80% of personal best 	<ul style="list-style-type: none"> • Very short of breath • Hard time walking or talking • Skin in neck or between ribs pulls in • Quick relief medicines not helping • Peak flow less than 50% personal best
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<ul style="list-style-type: none"> • Take your regular preventive medicines • Exercise regularly • Avoid your triggers: _____ _____ _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Begin using quick relief nebulizer or quick relief inhaler every 4-6 hours Quick relief medicine: _____ <input type="checkbox"/> Other: _____ <p>If your quick relief medicine isn't working or you are not getting better in 24-48 hours, please call your healthcare provider!</p>	<ul style="list-style-type: none"> • Take a nebulizer treatment, or 4 puffs of quick relief medicine NOW • Call your healthcare provider NOW or go to the Emergency Room <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Call 911
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Other instructions: _____

Questions or problems? Please call us at tel. _____

Provider Signature / Clinician Signature

Date