

My Asthma Plan

Name: _____ Date: _____

Parent/Guardian: _____

Doctor: _____

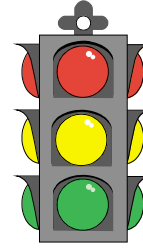
Medical Record #: _____

Phone for doctor or clinic: _____

Phone for taxi or friend: _____



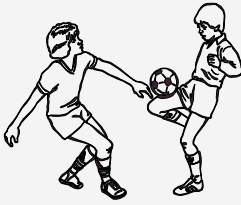
You can use the colors of a traffic light to help learn about asthma medicines.



- GREEN** means I feel **GOOD**.
Use preventive medicine.
- YELLOW** means I do **NOT** feel good. Add a relief medicine to make you feel better fast.
- RED** means I feel **AWFUL**.
Get help from a doctor.

I Feel Good

- Breathing is good
- No cough or wheeze
- Can work and play



Peak Flow Number
_____ to _____

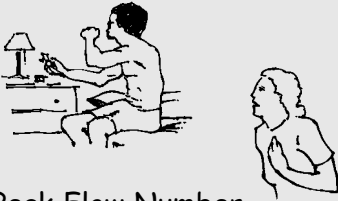
Use preventive medicine.

<u>Medicine:</u>	<u>How much:</u>	<u>When:</u>
_____	_____ puff/breathing machine/pill/liquid	_____ times a day
_____	_____ puff/breathing machine/pill/liquid	_____ times a day
_____	_____ puff/breathing machine/pill/liquid	_____ times a day

20 minutes before exercise or sports, use this medicine:
_____ puff

I Do NOT Feel Good

- Cough
- Wheeze
- Difficulty breathing
- Wake up at night



Peak Flow Number
_____ to _____

***ADD** a relief medicine to keep asthma from getting bad:

<u>Medicine:</u>	<u>How much:</u>	<u>When:</u>
_____	_____ puff/breathing machine/pill/liquid	every _____ hours

***ALSO CONTINUE/INCREASE** your preventive medicine:

_____	_____ puff/breathing machine/pill/liquid	_____ times a day
_____	_____ puff/breathing machine/pill/liquid	_____ times a day

Call your doctor if you have these symptoms frequently or if relief medicine does not work!

I Feel AWFUL

- Medicine is not helping
- Breathing is hard and fast
- See ribs during breathing
- Can't talk well
- Can't walk



Peak Flow Number
_____ to _____

Get help now! Take these medicines until you talk to the doctor.

<u>Medicine:</u>	<u>How much:</u>	<u>When:</u>
_____	_____ puff/breathing machine/pill/liquid	every _____ hours
_____	_____ puff/breathing machine/pill/liquid	every _____ hours

Call 911 if your asthma is very severe.