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:

<table>
<thead>
<tr>
<th>FAX</th>
<th>MAIL</th>
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<tbody>
<tr>
<td><strong>(877) 447-9530</strong></td>
<td>Magnus Health</td>
</tr>
<tr>
<td>Outside of the United States? Please fax to (978) 244-8894</td>
<td>Attn: Student Medical Records</td>
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<tr>
<td></td>
<td>514 Daniels Street #367</td>
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<tr>
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<td>Raleigh, NC 27605</td>
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Asthma Action Plan

General Information:
- Name ____________________________________________________________
- Emergency contact ________________________________________________
- Physician/healthcare provider ________________________________________
- Physician signature _______________________________________________
- Date __________________________

Severity Classification
- Intermittent
- Moderate Persistent
- Mild Persistent
- Severe Persistent

Triggers
- Colds
- Smoke
- Weather
- Exercise
- Dust
- Air Pollution
- Animals
- Food
- Other ______________________

Exercise
- 1. Premedication (how much and when) ______
- 2. Exercise modifications _________________

Green Zone: Doing Well
Symptoms
- Breathing is good
- No cough or wheeze
- Can work and play
- Sleeps well at night

Peak Flow Meter
More than 80% of personal best or __________

Yellow Zone: Getting Worse
Symptoms
- Some problems breathing
- Cough, wheeze, or chest tight
- Problems working or playing
- Wake at night

Peak Flow Meter
Between 50% and 80% of personal best or __________ to __________

Contact physician if using quick relief more than 2 times per week.

Continue control medicines and add:

<table>
<thead>
<tr>
<th>Medicine</th>
<th>How Much to Take</th>
<th>When to Take It</th>
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IF your symptoms (and peak flow, if used) return to Green Zone after one hour of the quick-relief treatment, THEN
- Take quick-relief medication every 4 hours for 1 to 2 days.
- Change your long-term control medicine by ______________________
- Contact your physician for follow-up care.

IF your symptoms (and peak flow, if used) DO NOT return to Green Zone after one hour of the quick-relief treatment, THEN
- Take quick-relief treatment again.
- Change your long-term control medicine by ______________________
- Call your physician/Healthcare provider within ____ hour(s) of modifying your medication routine.

Red Zone: Medical Alert
Symptoms
- Lots of problems breathing
- Cannot work or play
- Getting worse instead of better
- Medicine is not helping

Peak Flow Meter
Less than 50% of personal best or __________ to __________

Amulance/Emergency Phone Number:

Continue control medicines and add:

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Go to the hospital or call for an ambulance if:
- Still in the red zone after 15 minutes.
- You have not been able to reach your physician/healthcare provider for help.
- ______________________

Call an ambulance immediately if the following danger signs are present:
- Trouble walking/talking due to shortness of breath.
- Lips or fingernails are blue.

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