



My Asthma Care Plan

«CurrentDate»

Name: «PatientFullName» «PatientDateOfBirth»

Clinic Name: «OfficeLocationName»

Clinic Phone # : «OfficeLocationPhone»

Provider «EncounterProviderName»

After Hours Phone Number: 1-800-252-0693

General	Goal/Recommendation	My Results
Blood Pressure	Less than 140/90 Twice a year	«VitalsBloodPressure»
Smoking Status	Stop Smoking	
Pneumonia Shot	at diagnosis (if less than 65) then 65 and older	
Flu Shot	Yearly	

The things that could make it difficult to achieve my goal include:

My plan for overcoming these challenges includes:

Support and resources I will need to achieve my goal include:

Asthma Triggers:

- ☐ Cigarette Smoke ☐ Colds/flu ☐ Dust mites ☐ Exercise ☐ Mold ☐ Pets, animal dander
☐ Pollen, plants ☐ Strong odors ☐ Weather change

Green Zone – Doing Well

You have ALL of these:

- Clear Breathing
- No Cough or wheeze
- Sleep through the night
- Can work or play

If exercise triggers your asthma, take this medicine
_____ 15 minutes before exercise.

Yellow Zone – Asthma Is Getting Worse

- Cough, wheeze, chest tightness, or shortness of breath or
- Waking at night due to asthma, or
- Can do some, but not all, usual activities

You have ANY of these:

First signs of a cold

Exposure to triggers

Cough

Mild wheeze

Tight chest

Coughing, wheezing, or trouble breathing at night

Continue controller medicines; add quick-relief medicine:

Albuterol inhaler or nebulizer 2 puffs Every 20 minutes for up to 1 hour if needed, then every 4 hrs as needed

- **RED ZONE – Danger; Get help!**
- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Ribs show
- Can't talk well

DANGER ZONE

Lips or fingernails are blue

Person is confused

Difficulty walking and talking due to shortness of breath

CALL 911

Albuterol 4 puffs once; repeat in 20 minutes if needed

«MedsCurrentWithSig»

The following medications were **ordered**: «MedsNewWithSig»

«ReferringProviderFullName»

Future Appointments: _____