



**Allergy Asthma Care P.C.**  
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**ASTHMA ACTION PLAN**

Name:	Date of Birth:	Date:
Doctor:	Parent/Guardian:	Emergency Contact:
Phone:	Phone:	Phone:

**GREEN ZONE - DOING WELL:** • Breathing is good • No cough • No wheeze • No chest tightness • Sleep through the night • Do usual activities. **Take DAILY medicine(s).**  
**Peak Flow** \_\_\_\_\_

MEDICINE	HOW MUCH to take	HOW OFTEN to take
Inhaled steroid:	_____ puffs / nebulized	_____ times a day. Rinse mouth after use.
Rescue medicine:	_____ puffs / nebulized	every _____ hours as needed.
Maintenance medicine:		

**YELLOW ZONE - CAUTION:** • Exposure to known trigger • Cough • Wheezing • Tight chest  
 • Coughing at night • Difficulty doing usual activities • Others: \_\_\_\_\_  
 Eliminate triggers and change medicines, No strenuous activity. **Peak flow** \_\_\_\_\_

- Rescue medicine: \_\_\_\_\_ puffs OR \_\_\_\_\_ mg by nebulizer every 3 – 4 hours as needed.
- Increase dose of inhaled steroids to \_\_\_\_\_ puffs / nebulized \_\_\_\_\_ times per day.
- Start \_\_\_\_\_ puffs / nebulized \_\_\_\_\_ times per day.
- Continue Maintenance medication(s) \_\_\_\_\_ as instructed.
- Add Oral steroid \_\_\_\_\_ mg. Take \_\_\_\_\_ pills immediately and again in the morning. Then \_\_\_\_\_ pills daily in AM for \_\_\_\_\_ days, then \_\_\_\_\_ pill daily in AM for \_\_\_\_\_ days,
- Add Oral steroid \_\_\_\_\_ ( \_\_\_\_\_ mg/ml ). Give \_\_\_\_\_ ml / teaspoon(s) immediately and again in the morning. THEN, give \_\_\_\_\_ ml / teaspoon(s) for 2 days, Then give \_\_\_\_\_ ml / teaspoon(s) for 2 days.
- PLEASE call the office and schedule an appointment after starting oral steroid.**
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**RED ZONE - EMERGENCY:** Your asthma is getting worse fast: • Rescue medicine did not help within 15-20 minutes • Breathing is hard and fast • Nose opens wide • Ribs show with breathing • Trouble walking and talking • Lips blue • Fingernails blue **Peak Flow** \_\_\_\_\_

- Take 3-4 puffs of Rescue medication or Give \_\_\_\_\_ of Rescue medicine by nebulizer.**
- Give oral steroid \_\_\_\_\_ mg. For Pediatrics \_\_\_\_\_ teaspoon(s) IMMEDIATELY!**
- Call your doctor first then GO TO THE NEAREST EMERGENCY ROOM. Consider calling 911**