

# ASTHMA QUEST™

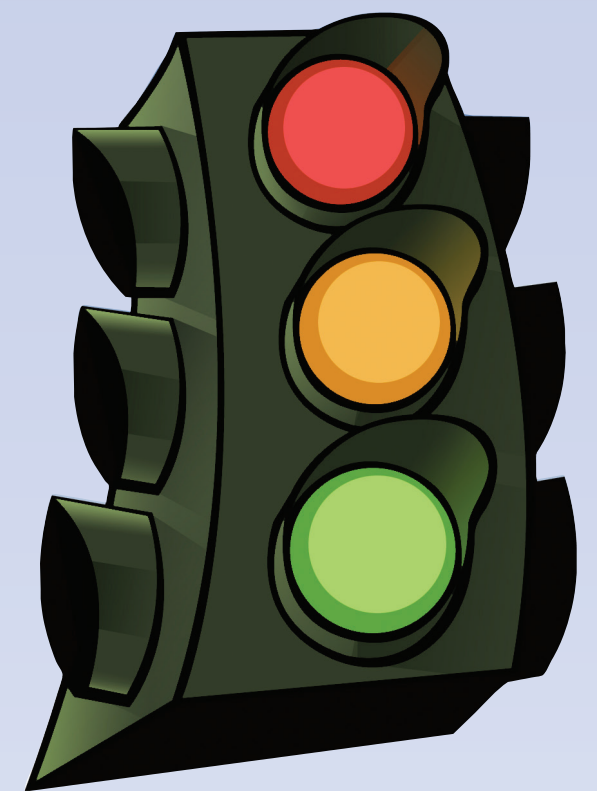


## QUEST 4: YOUR ASTHMA ACTION PLAN

### WHAT IS AN ASTHMA ACTION PLAN?

An asthma action plan can help you know what to do each day to help manage your asthma. Work with your doctor and a grown-up to complete your asthma action plan.

- Your asthma action plan has three parts called “zones.” Think of these zones like the red, yellow, and green lights in a traffic light:
  - Green Zone - **GO**
  - Yellow Zone - **CAUTION**
  - Red Zone - **DANGER**
- Each day, find your zone (green, yellow, or red) based on your asthma symptoms.
- Then follow the instructions for your zone in your asthma action plan, the way your doctor tells you.
- Ask your doctor if you should use a peak flow meter as part of your action plan. Use it as often as your doctor tells you.
- Have a grown-up review the plan with your doctor and nurse every 3-6 months. Share your plan with family, friends, teachers, coaches, neighbors, and babysitters.



### Know Your Zones

Pay attention to your asthma every day and know your zones—red, yellow, and green. Make the green zone your goal and try to stay there!

#### What to do if your asthma symptoms get worse




1. If you go into the yellow or red zone, follow your asthma action plan.
2. Take your rescue medicine as directed by your doctor.
3. Tell a grown-up so you can get help.
4. Try to stay calm. Breathe slowly and deeply.

**Follow your asthma action plan every day.**

**My Asthma Action Plan**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_  
Doctor's Phone No.: \_\_\_\_\_  
Daily Preventive Asthma Medicine: \_\_\_\_\_  
Rescue Inhaler Medicine: \_\_\_\_\_  
Before Exercise Take: \_\_\_\_\_  
Personal Best Peak Flow: \_\_\_\_\_  
Asthma Control Test™ or Childhood Asthma Control Test† Score: \_\_\_\_\_


\* Asthma Control Test is a trademark of QualityMetric Incorporated.  
† The Childhood Asthma Control Test was developed by GlaxoSmithKline.

Green Zone: Go	Yellow Zone: Caution	Red Zone: Danger
<p><b>My breathing is good</b></p> <ul style="list-style-type: none"><li>• No cough, wheeze, shortness of breath, or chest tightness</li><li>• Sleeping through the night</li><li>• Can do usual activities (school, play)</li><li>• Generally don't need rescue inhaler medicine</li></ul>	<p><b>My symptoms are getting worse</b></p> <ul style="list-style-type: none"><li>• Cough, wheeze, shortness of breath, or chest tightness</li><li>• Waking at night due to asthma symptoms</li><li>• Can do some—but not all—usual activities</li><li>• Using more rescue inhaler medicine</li></ul>	<p><b>I am having serious symptoms</b></p> <p>TELL A GROWN-UP SO THEY CAN CALL YOUR DOCTOR NOW!</p> <ul style="list-style-type: none"><li>• Very short of breath; ribs show</li><li>• Rescue inhaler medicine does not help</li><li>• Can't do usual activities</li><li>• Or symptoms have remained in the yellow zone for 24 hours or longer</li></ul>
		
My Peak Flow is: _____ What I should do—TAKE: Daily Preventive Asthma Medicine Medicine: _____ How much: _____ When: _____ Medicine: _____ How much: _____ When: _____ Medicine: _____ How much: _____ When: _____	My Peak Flow is: _____ What I should do—CONTINUE: Green Zone Medicine ADD: Yellow Zone Medicine Medicine: _____ How much: _____ When: _____ Medicine: _____ How much: _____ When: _____ Medicine: _____ How much: _____ When: _____	My Peak Flow is: _____ What I should do—ADD: Red Zone Medicine Medicine: _____ How much: _____ When: _____ Medicine: _____ How much: _____ When: _____ Medicine: _____ How much: _____ When: _____

**DANGER**  
Get emergency help if:  
• You have trouble walking or talking, or  
• Your lips or fingernails are blue, or  
• You feel faint

**I will avoid triggers or things that make my asthma symptoms worse, like:** \_\_\_\_\_

**Follow your asthma action plan every day and tell a grown-up how you feel.**

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