Your Asthma Action Plan

Work with your provider to complete this plan and discuss at each visit. Go to page 4 for common asthma triggers.

____ Date: _____

Provider: _____ Phone Number: _____



I AM HAVING SERIOUS SYMPTOMS. I NEED TO CALL MY PROVIDER OR CALL 911 NOW

Symptoms:

- Same or worse after 24 hours in the Yellow Zone OR
- Very short of breath OR
- Quick relief asthma medicines have not helped OR
- Cannot do usual activities (work, play, etc.) OR
- Peak Flow Meter (if used): My peak flow today is _____, which is less than 50% of my personal best peak flow

Action Plan:

- CONTACT A PROVIDER IMMEDIATELY
- Take my quick-relief asthma medicine as directed by my provider

Medicine(s):	How much:	When:

CALL 911 IF YOU ARE IN THE RED ZONE AND HAVING DANGER SIGNS SUCH AS:

- Trouble walking or talking due to shortness of breath
- Lips or fingernails are blue





CAUTION! MY ASTHMA SYMPTOMS ARE GETTING WORSE

Symptoms:

- Some problems with coughing, shortness of breath, wheezing or chest tightness OR
- Waking up at night due to asthma OR
- Using more quick-relief asthma medicine OR
- Can do some, but not all, usual activities (work, play, etc.) OR
- Peak Flow Meter (if used): My peak flow today is ______, which is 50% and 79% of my personal best peak flow

Action Plan:

- Keep taking my asthma medicine as directed by my provider, including my quick-relief medicine
- Continue monitoring my symptoms/peak flow
- See my provider regularly

Medicine(s):	How much:	When:



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I AM MEETING MY ASTHMA GOALS The Green Zone should be your goal every day.

Symptoms:

- No coughing, shortness of breath, wheezing or chest tightness
- Sleeping all night
- Can do all usual activities (work, play, etc.) AND
- Peak Flow Meter (if used): My peak flow today is ______, which is 80% or more of my personal best peak flow

Action Plan:

- Avoid triggers or things that make my asthma worse
- Continue to take my asthma medicine as directed by my provider

Medicine(s):	How much:	When:

Before excersie:

Medicine(s):	How much:	When:

This material was adapted from the Asthma Action Plan created by the National Institutes of Health and GSK



Asthma Triggers

Pay attention to things that seem to make your asthma worse – these are called triggers. Avoid the triggers below if you can.

Smoke

- If you smoke, get help to quit
- Don't allow smoking in the house or car
- Make sure fireplaces are well ventilated, or avoid use, if possible

Dust Mites

- Keep mattresses and pillows in dust mite-proof covers
- Wash your sheets and blankets each week. Use very hot water
- Vacuuming may stir up dust; stay out of the room or wear a mask while vacuuming

Cockroaches

• Keep food and trash sealed to prevent infestation

Pollen

• Stay inside and keep windows closed when pollen levels are high

Exercise

- Ask your provider if you should take asthma medicine before you exercise
- Warm up before you exercise

Strong Odors

• Avoid perfume, powders, aerosol sprays like hair spray or insect spray, and strong-smelling cleaning products

Weather

• On cold days, cover your nose and mouth with a scarf to avoid breathing in cold air

Pets

- Keep pets with fur or feathers out of your bedroom or home, if possible
- Give your pets a bath to reduce dander

Mold

- Fix leaky faucets and pipes
- Clean moldy areas, including shower curtains
- Keep basement areas dry

Colds

- Avoid people with colds
- Get plenty of rest and drink lots of fluids

Stress

• Focus on breathing slowly and things that keep you calm and happy

If you can't stay away from your triggers, talk with your provider to find ways to manage them

This material was adapted from GSK.

MeridianComplete is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-855-580-1689** (TTY: **711**).



ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-580-1689** (TTY: **711**).

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