

Asthma Medicine Plan



Name: _____

Provider Signature: _____

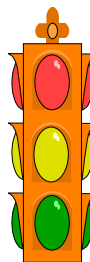


Date: _____

Phone for doctor or clinic: _____

Phone for taxi or friend: _____


You can use the colors of a traffic light to help learn about asthma medicines.



1. **GREEN** means **Go**.
Use preventive medicine.
2. **YELLOW** means **Slow Down**.
Add a relief medicine to make you feel better fast.
3. **RED** means **Stop**.
Get help from a doctor.

GO

- Breathing is good
- No cough or wheeze
- Can work and play



Use preventive medicine.


| <u>Medicine:</u> | <u>How much:</u> | <u>When:</u> |
|------------------|--|-------------------|
| _____ | _____ puff/breathing machine/pill/liquid | _____ times a day |
| _____ | _____ puff/breathing machine/pill/liquid | _____ times a day |
| _____ | _____ puff/breathing machine/pill/liquid | _____ times a day |

Peak Flow Number _____ to _____

20 minutes before exercise or sports, use this medicine:
_____ puff

SLOW DOWN

- Cough
- Wheeze
- Difficulty breathing
- Wake up at night



***ADD** a relief medicine to keep asthma from getting bad:

| <u>Medicine:</u> | <u>How much:</u> | <u>When:</u> |
|------------------|--|-------------------|
| _____ | _____ puff/breathing machine/pill/liquid | every _____ hours |

***ALSO CONTINUE/INCREASE** your preventive medicine:


| | | |
|-------|--|-------------------|
| _____ | _____ puff/breathing machine/pill/liquid | _____ times a day |
| _____ | _____ puff/breathing machine/pill/liquid | _____ times a day |

Peak Flow Number _____ to _____

Call your doctor if you have these symptoms frequently or if relief medicine does not work!

STOP - DANGER

- Medicine is not helping
- Breathing is hard and fast
- See ribs during breathing
- Can't talk well
- Can't walk



Get help now! Take these medicines until you talk to the doctor.

| <u>Medicine:</u> | <u>How much:</u> | <u>When:</u> |
|------------------|--|-------------------|
| _____ | _____ puff/breathing machine/pill/liquid | every _____ hours |
| _____ | _____ puff/breathing machine/pill/liquid | every _____ hours |

Peak Flow Number _____ to _____

Call 911 if your asthma is very severe.