

Asthma Management Action Plan for Young People

Your peak flow readings

Name: _____

My goal is _____

Date: ____ / ____ / ____

100%

Green Zone-Go! Asthma under control

- Breathing is good
- Reliever used no more than 2 times a week
- Managing to do usual activities
- Free of night-time symptoms

Controlling Asthma

Asthma control involves taking the following:

- Preventer: _____ puff(s) morning and night even when well
- Reliever: _____ puff(s) when needed and 5-10 minutes before exercise
- Symptom controller _____ puff(s) morning and night always with a preventer
- Other medication _____

85%

Yellow Zone-Caution! Asthma getting worse

- At first sign of a cold or flu
- Increasing breathlessness
- Coughing, wheezing or chest tightness during the day
- Waking up at night because of asthma symptoms

Action Yellow Zone

- Preventer: _____ puff(s) morning and night even when well
- Increase reliever to _____ puffs every 4 hours until symptoms improve
- Continue with symptom controller and any other medication as directed

60%

Orange Zone-Medical Alert! If you experience any of the following, action orange zone

- Very short of breath
- Difficult to breathe
- Needing reliever every 2-3 hours
- Wheezing sound getting louder
- Area between ribs and around neck sucking in

Action Orange Zone

- Give/Take _____ puffs of reliever inhaler (blue) (one puff at a time to 6 breaths) through spacer at 20 minute intervals for one hour.
- Contact GP or Emergency Centre for advice and inform them you/your child is having an asthma attack

40%

Red Zone-Emergency !!!! If you/your child has any of the following

- Severe difficulty with breathing, walking or talking
- Blueness around lips or on fingertips
- Exhausted / distressed
- Wheezing sounds louder or stops
- Area between ribs and around neck sucking in

Dial 111 and ask for ambulance

- State your child/you are having a **SEVERE ASTHMA ATTACK**
- Give/Take 6 puffs of blue reliever inhaler through spacer (1 puff at a time to every 6 breaths) every 6 minutes until help arrives
- If alone contact a support person to stay until help arrives

GP

Name: _____

Phone: _____

Date: _____ / _____ / _____

Practice Nurse

Name: _____

Phone: _____

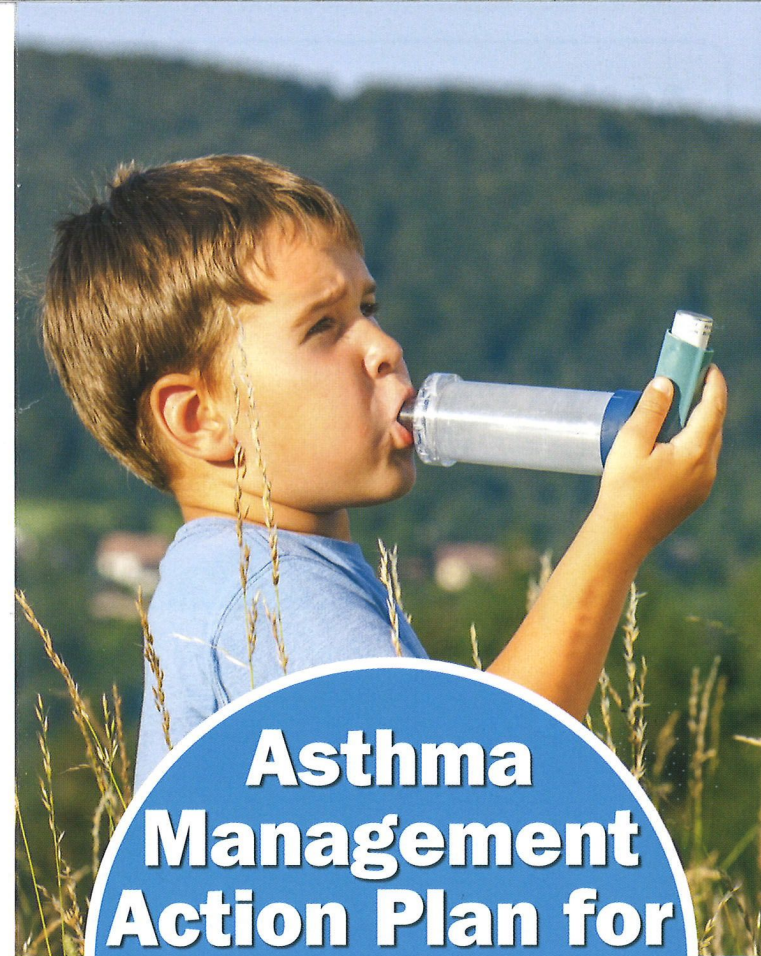
Action Plan Review Due

Date: _____ / _____ / _____

- Contact your practice nurse or GP if you are unsure or worried about what to do
- Please contact your practice nurse or GP if this plan is lost



For further information please contact your local asthma society



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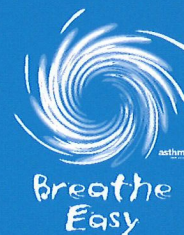
Action Plan for controlling your asthma

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