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### Asthma Action Plan

Patient: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Green:** Go Zone! Use preventative medicine.

**Yellow:** Caution Zone! Add "rescue" medicine.

Self Carry:  YES  NO

**Red:** Danger Zone! Get help from a provider.

**GREEN:** Breathing is good, no cough or wheeze, sleeping through the night, can work and play.

MEDICATION	HOW MUCH	HOW OFTEN/ WHEN
WITH EXERCISE USE:		

**YELLOW:** First signs of a cold, exposure to known triggers, cough, mild wheeze, tight chest, coughing at night.

MEDICATION	HOW MUCH	HOW OFTEN/ WHEN

CALL PROVIDER

**RED:** Asthma is getting worse fast! Medicine is not helping, breathing is hard and fast, nose opens wide, trouble speaking, ribs show (pulling) in children.

**GET HELP FROM A PROVIDER NOW!** Your provider will want to see you right away. It's important! If you cannot contact your doctor, go directly to the emergency room. **DO NOT WAIT!**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Michael Maloney, MD