## **Asthma Action Plan**

## GREEN ZONE

Select All	
(No cough, wheeze, chest tightness or shortness of b	oreath during the day or night. Can do usual activities.)
notes	
Use albuterol 2 puffs 20 minutes prior to exercise as	needed
notes	,
Other:	
notes	,
add item	,
notes	
elect All  (Cough, wheeze, chest tightness, or shortness of breat activities.)	ath. Waking at night due to asthma. Can do some, not all, usual
notes	,
Other:	
notes	,
add item	
notes	,
elect All  (Very short of breath. Quick relief medications have get worse after 24 hours in Yellow Zone.)	not helped. Cannot do usual activities. Symptoms are same or
notes	
Albuterol nebulizer 1 vial every 20min for 3 treatment	
Albateror nebalizer i viai every zonilii for 5 treatmen	ts and call
notes	560-2407-3503-3505
gegneraket kombustan biska bisk-arren arren 1800 eta 180 eta 1 I	560-2407-3503-3505
notes	
notes Proair (albuterol) 4 puffs every 20min x3 and call	ts and call
notes  Proair (albuterol) 4 puffs every 20min x3 and call notes	

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	notes		-
	Patient may may not carry inha	aler	
	notes		
	Provider Signature:	Date:	
	notes		•
	add item		•
	notes		-
Pr	ovider Signature:	<u> </u>	
Pr	escriptions		
Vis	sit Documents		

2. Prescriptions3. Visit Documents

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