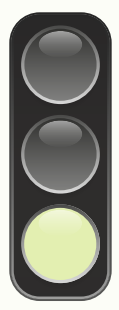


ADULT ASTHMA ACTION PLAN

Name _____
 Age _____ Date of Birth _____ Contact number _____
 Emergency contact person
 Name _____ Relation _____ Phone _____
 Doctor / Asthma nurse contact details
 Name _____ Contact number _____



GREEN ZONE DOING GREAT



Peak Flow Meter Personal Best _____

- Breathing is easy
- No cough
- No wheeze
- Can do regular activities
- Sleeps through the night
- Using quick relief medicine no more than 2 times a week

(ONLY FOR EXERCISE-INDUCED ASTHMA)
10 minutes before exercise

Take: _____
(short-acting β -2agonist)
 2 puffs 4 puffs 6 puffs

PREVENTIVE MEDICINE

 Dose _____ When _____ Device _____

OTHER ASTHMA MEDICINES USED REGULARLY

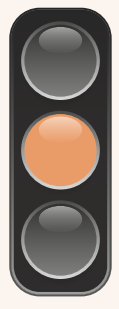
 Dose _____ When _____ Device _____

RELIEVER MEDICINES

 Dose _____ When _____ Device _____

OTHER INSTRUCTIONS

YELLOW ZONE CAUTION



Peak Flow Meter between % 50 to % 80 of personal best _____ to _____

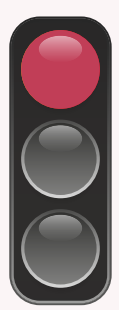
- Short of breath Cough Wheeze Can't do usual activities
- Sleep disturbance due to breathing difficulty, cough or wheeze Using quick relief medicine more than 2 times a week

1 → GIVE QUICK RELIEF MEDICINE AND KEEP TAKING YOUR GREEN ZONE MEDICINE
 Take: _____
(every 20 minutes for up to 1 hour) _____
(short-acting β -2agonist)
 2 puffs 4 puffs OR Nebulizer, dose _____

2 → If your symptoms return to GREEN ZONE after 1 hour of above treatment: Continue monitoring to be sure you stay in the GREEN ZONE OR If your symptoms do not return to GREEN ZONE after 1 hour of above treatment:
 Take: _____
(short-acting β -2agonist)
 2 puffs 4 puffs OR Nebulizer, dose _____ every _____ minutes
 Add _____ mg per day for _____ Days
(Oral Steroid)

3 → If you get worse, call your doctor or asthma nurse, to make an appointment within 24 hours and go to RED ZONE

RED ZONE DANGER



Peak Flow Meter less than % 50 of personal best _____

- Very short breath Breathing very fast
- Can not do usual activities Quick relief medicine not helping
- Lips or finger nails look blue

TAKE THIS MEDICINE
 Take: _____
(short-acting β -2agonist)
 4 puffs 6 puffs OR Nebulizer, dose _____ every _____ minutes
 Add _____ mg per day for _____ Days
(Oral Steroid)



DON'T WAIT,
CALL 998 OR go to the nearest hospital immediatly.

JUST CALL 800 555
www.adphc.gov.ae