

McLaren Print System Order

Order No: 46045 Reprint Previous Order No: 6623
 Order Date: 2019-06-06
 User: Angela DeLaRosa
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Ship Location: McLaren Bay Family Med/Attn Angela DeLaRosa
 3720 Katalin Ct, Suite 201
 Bay City, MI 48706

Forms

Quantity: 100
 Paragon Dept No: 69000
 Dept Name: McLaren Medical Group
 Company Number: 810

Order Total Price: 57.20

Item Number: MM-71
 Item Description: Asthma Action Plan (Adult)
 Revision Date: 3/2016
 Print: 1 sided full color
 Paper: 3 Part (White, Yellow, Pink)
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: None
 Misc Info: Form can be found online at: <http://getasthmahelp.org/action-plan-components.aspx>

Asthma Action Plan for _____ Doctor's Name _____ Date _____
 Doctor's Phone Number _____ Hospital/Emergency Room Phone Number _____

GREEN ZONE: Doing Well

- No cough, wheeze, chest tightness, or shortness of breath during the day or night
- Can do usual activities

And, if a peak flow meter is used,
 Peak flow: more than _____
 (80% or more of my best peak flow)
 My best peak flow is: _____

Take These Long-Term-Control medicines Each Day (include an anti-inflammatory)

Medicine	How much to take	When to take it
_____	_____	_____
_____	_____	_____
_____	_____	_____

Before exercise _____ 2 or 4 puffs 5 to 60 minutes before exercise

YELLOW ZONE: Asthma is Getting Worse

- Cough, wheeze, chest tightness, or shortness of breath, or
- Waking at night due to asthma, or
- Can do some, but not all, usual activities

Peak flow: _____ to _____
 (50% - 80% of my best peak flow)

Take this medicine: _____ 2 or 4 puffs or Nebulizer

Add: Quick-Relief Medicine — and keep taking your GREEN ZONE medicine

_____ (short-acting long-acting) 2 or 4 puffs, every 20 minutes for up to 1 hour
 Nebulizer, once

If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment:
 Take the quick-relief medicine every 4 hours for 1 to 2 days.
 Double the dose of your inhaled steroid for _____ (7-10) days.

If your symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment:
 Take _____ (short-acting long-acting) 2 or 4 puffs or Nebulizer
 Add _____ (and steroid) _____ mg per day for _____ (3-10) days
 Call the doctor before/ within _____ hours after taking the oral steroid.

RED ZONE: Medical Alert!

- Very short of breath, or
- Quick-relief medicines have not helped, or
- Cannot do usual activities, or
- Symptoms are same or get worse after 24 hours in Yellow Zone

Peak flow: less than _____
 (50% of my best peak flow)

Take this Medicine:

_____ (short-acting long-acting) 4 or 6 puffs or Nebulizer
 _____ (and steroid) _____ mg

Then call your doctor NOW. Go to the hospital or call for an ambulance if
 You are still in the red zone after 15 minutes AND
 You have not reached your doctor.

DANGER SIGNS

- Trouble walking and talking due to shortness of breath
- Lips or fingernails are blue

Take: 4 or 6 puffs of your quick-relief medicine AND
 Go to the hospital or call for an ambulance (_____) NOW! with 016