

Asthma Action Plan & Medication Authorization

GO ZONE – You're Doing Well! **TAKE THESE MEDICINES EVERYDAY**



If you have **all** of these:

- Breathing is good
- No cough or wheeze
- Sleep well at night
- Can work and play

CONTROLLER MEDICINE (Dose/Route)	HOW MUCH	HOW OFTEN	WHEN
1. _____	_____ Puffs Inhaled	_____	AM/PM
	<input type="checkbox"/> with spacer		
2. _____	_____	_____	AM/PM
3. _____	_____	_____	AM/PM
4. _____	_____	_____	AM/PM

CAUTION ZONE: – CONTINUE WITH EVERYDAY MEDICINE and ADD RESCUE MEDICINE SLOW DOWN !



If you have **any** of these:

- First signs of a cold
- Exposed to known Trigger
- Cough
- Wheeze
- Tight chest
- Coughing at night

DO THIS: Give (Circle One):

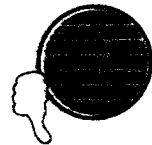
Albuterol MDI 90 or Xopenex MDI 45 _____ Puffs Inhaled every ___ hours with spacer (by mouth)

Nebulized Albuterol 2.5mg _____ Vial inhaled every ___ hours nebulizer
OR Nebulized Xopenex 0.63mg (by mouth)

***CALL YOUR HEALTH PROVIDER IF:**

➤ There is no improvement 20 minutes after taking the Rescue Medication

Nurse: Call parent and/or provider if using Rescue medication more than 2 days/week for asthma symptoms or for control concerns



- If your Asthma is getting worse fast:**
- Medicine is not helping
 - Breathing is hard and fast
 - Nose opens wide
 - Can't talk well
 - Getting nervous

MEDICINE (Circle med)	HOW MUCH	HOW OFTEN/WHEN
1. Albuterol MDI 90 / Xopenex MDI 45	_____ Puffs Inhaled	NOW!
	<input type="checkbox"/> with spacer	
2. Nebulized Albuterol 2.5mg/Xopenex 0.63mg	_____ 1 vial inhaled	NOW!

***Call your Health Care Provider NOW, if they are not available, Go to the emergency room or call 911 and bring this form with you. DO NOT WAIT!**

Parent/Guardian: Make an appointment with your health care provider within 2 days of an ED visit, hospitalization, or anytime for ANY problem or question

 Prescriber Signature Date

 Parent/Guardian Signature Date

 Nurse Date