

Asthma Action Plan

Fax completed form to:
 UCare Minnesota
 Disease Management
 612-884-2497 (Confidential fax)

Mail completed form to:
 UCare Minnesota–Disease Management
 P.O. Box 52
 Minneapolis, MN 55440-0052

Asthma Type:

Mild Intermittent Moderate Persistent
 Mild Persistent Severe Persistent

Allergies/Triggers:


Cigarette Smoke Exercise Molds
 Cold Air Smoke Colds
 Animals Grass Trees
 Dust Mites Weeds Stress

Name: _____ DOB: _____
 Doctor: _____ Phone: _____
 Parent's Name: _____ Phone: _____
 Emergency Contact: _____ Phone: _____

GREEN Zone = GO

You have **all** of these: PF above _____

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work and play
- Able to do daily activities



Take these medicines EVERY DAY:


Medicine	How Much	How Often

10-15 minutes before exercise use: _____

YELLOW Zone = CAUTION


You have **any** of these: PF from _____ to _____

- First signs of a cold
- Cough
- Mild wheezing
- Tight chest
- Coughing at night



Continue with GREEN Zone medicines and ADD:


Medicine	How Much	How Often

 In the Yellow Zone, call your doctor if: _____

RED Zone = STOP



Your asthma is getting worse fast: PF below _____

- Medicine is not helping
- Breathing is hard & fast
- Nose opens wide
- Can't walk
- Ribs show
- Can't talk well
- Lips begin to look blue
- May or may not wheeze



Take these medications NOW and CALL your doctor or 911!

Medicine	How Much	How Often

STOP! GET HELP! YOUR SYMPTOMS ARE SERIOUS. THIS IS LIFE THREATENING!
 **Call your doctor or 911** 

This Asthma Action Plan (AAP) provides authorization for the administration of medications described in the AAP.
 This child has the knowledge and skills to self-administer rescue medications at school.
 MD/NP/PA Signature _____ Date _____

*******Parental Consent if a child is in Minnesota Public Schools*******

I voluntarily give the following entities permission to share with each other this Asthma Action Plan (and other information about my child's asthma) for the purpose of helping to manage my child's asthma for one year from the date indicated below. I may revoke this permission at any time in writing to UCare Minnesota, to the extent information has not yet been shared. Shared information may no longer be protected by law. This plan, when signed and dated, may replace or supplement any consent-to-administer-medication form and allows my child to receive prescribed medications at school. (Check boxes below/give names.)

UCare Minnesota may share this Asthma Action Plan with:

My child's school health office at (school name) _____
 My child's clinic _____ Other _____

Parent or Guardian Signature: _____ Date: _____



Other Important Instructions



1. **Don't smoke.**
2. **Remove known asthma triggers from the environment.**

Environmental control measures:

- Don't smoke indoors, in the car, or anywhere around the person with asthma.
- Quit smoking. For help quitting smoking, contact your health care provider. Or call the Mayo Clinic Tobacco Quitline.
- Vacuum and surface dust weekly.
- Keep animals out of the house or bedroom.
- Put mattress, pillows, and box spring in zipped covers if you're allergic to dust mites.
- Wash sheets in hot water weekly.
- Remove bedroom rugs/carpets, stuffed animals.
- Keep windows closed in the spring and fall.
- Don't use humidifiers in the winter.

Other _____

For additional help and support, please contact:

UCare Minnesota's Asthma Action Program

24-hour Nurse Line: 952- 931-3549

or

1-866-833-9977 (toll free)

American Lung Association—Minnesota

1-800-586-4872 (toll free)

www.alamn.org

American Lung Association—Nationwide

1-800-586-4872 (toll free)

www.lungusa.org

Mayo Clinic Tobacco Quitline

1-888-642-5566 (toll free)

Medication tips

- Have a routine for taking your medications.
- Always use a spacer for inhalers/puffers.
- Rinse your mouth after using controller inhalers to prevent oral yeast infections.
- Know how much medication is left in your inhaler.
- Have a plan to refill medications each month.
- Keep your medication in a safe place, away from small children.

***** ER and hospital follow-up*****

Follow-up with your health care provider within a week of an ER visit or hospitalization for asthma. Getting follow-up care can prevent future trips to the hospital or ER!

For more copies of this form, contact:

UCare Minnesota, P.O. Box 52, Minneapolis, MN 55440, 1-800-676-6500