

Asthma

Action plan

Name: _____ Date: _____

Doctor and Phone Number: _____

Complete this plan with your doctor and bring it to each appointment to update and review.

Symptoms	Actions																		
<p>I feel well</p> <p>You have all of these:</p> <ul style="list-style-type: none">• Peak flow reading between _____ and _____• No coughing, wheezing, or difficulty breathing• Able to do usual activities• Able to sleep through the night	<ul style="list-style-type: none">• Avoid triggers• Continue to take daily preventive medications: <table border="1"><thead><tr><th>Medicine</th><th>Dose</th><th>When</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table> <ul style="list-style-type: none">• If exercise triggers your asthma, take: <table border="1"><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>	Medicine	Dose	When															
Medicine	Dose	When																	
<p>I feel worse</p> <p>You have any of these:</p> <ul style="list-style-type: none">• Peak flow reading between _____ and _____• Coughing, mild wheezing, difficulty breathing, or chest tightness• Using quick-relief medicine more than two extra times a week• Unable to do usual activities• Waking at night coughing	<ul style="list-style-type: none">• Continue to take daily medicines above and add the following medicines: <table border="1"><thead><tr><th>Medicine</th><th>Dose</th><th>When</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table> <ul style="list-style-type: none">• Call your doctor	Medicine	Dose	When															
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<p>I need urgent medical care</p> <p>You have any of these:</p> <ul style="list-style-type: none">• Peak flow reading between _____ and _____• Very short of breath• Medicines are not helping• Nostrils open wide• Skin between neck or ribs pulls in• Can't talk well	<ul style="list-style-type: none">• Call your doctor now and take these medicines: <table border="1"><thead><tr><th>Medicine</th><th>Dose</th><th>When</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table> <ul style="list-style-type: none">• If you cannot reach your doctor, go directly to the nearest emergency room or call 911 for an ambulance.	Medicine	Dose	When															
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Your symptoms may be different from those listed above. If you are ever unsure of what to do, call your doctor.



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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-329-2792 (TTY 711).

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-800-329-2792 (TTY 711)。