

Asthma Action Plan

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

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

Asthma Severity:

- Mild Intermittent Moderate Persistent
 Mild Persistent Severe Persistent

Allergens/Triggers:

- Tobacco Smoke Exercise Molds
 Cold Air A Cold Grass
 Animals Stress Trees
 Dust Mites Smoke Weeds

Name: _____

UCare ID Number: _____ Birth Date: _____

Phone: _____

Parent's/Guardian's Name: _____

Provider: _____ Phone: _____

GREEN Zone = DOING WELL

Take these controller medicines EVERY DAY:

You have **all** of these: Peak Flow is between _____ and _____

- No coughing or wheezing.
- Sleeping all night.
- Can work/exercise/play easily.

Medicine	How Much	How Often
_____	_____	_____
_____	_____	_____

If exercise triggers your asthma, take the following medicine 15 minutes before exercise/play/sports:

Medicine	How Much
_____	_____
_____	_____

YELLOW Zone = GETTING WORSE

Take GREEN Zone medicines and ADD quick-relief medicine:

You have **any** of these: Peak Flow is between _____ and _____

- Difficulty breathing.
- Coughing.
- Wheezing.
- Tightness in chest.
- Difficulty working/exercising/playing easily.
- Waking at night coughing.

Medicine	How Much	How Often
_____	_____	_____
_____	_____	_____

In the Yellow Zone, call your doctor if:

RED Zone = EMERGENCY

Take these medications NOW and CALL your doctor or 911!

Your asthma is **getting worse fast**: Peak Flow is between _____ and _____

- Very hard to breathe.
- Nostrils wide open.
- Medicine not helping.
- Trouble walking or talking.
- Lips or fingernails are gray or bluish.

Step 1: Take your quick-relief medicine NOW.

Medicine	How Much	How Often
_____	_____	_____
_____	_____	_____

Step 2: Call your health care provider NOW and go to the emergency room or CALL 911 immediately.

- 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.

Health Care Provider Signature _____ Date _____

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

I voluntarily give my permission for this Asthma Action Plan to be used by the following entities, and for them to share information about my child's asthma so they can work together to help manage my child's asthma. I understand this authorization is good for one year from the date indicated below. I may revoke this permission at any time in writing to UCare, to the extent that information has not yet been shared. Shared information may no longer be protected by law. This authorization when signed and dated may replace or supplement any consent-to-administer-medication form and allows my child to receive prescribed medications at school.

UCare may share this Asthma Action Plan with:

My child's school / School health office (name): _____

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 tobacco quit line.
- Keep animals out of bedroom or house.
- Vacuum and dust surfaces every week.
- 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:

American Lung Association

1-800-LUNGUSA or 1-800-548-8252 toll free
TTY users call 711
www.lung.org

Tobacco Quit Line

UCare members can get free help to quit smoking or chewing tobacco with the tobacco quit line. To get started today, call the tobacco quit line at:

1-855-260-9713 toll free
TTY users call 711

The tobacco quit line is available 24 hours a day, seven days a week.

myquitforlife.com/ucare

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.

Emergency Room (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 ER or hospital!

For more copies of this form:

Call: UCare's Disease Management Message Line

612-676-6539 or 1-866-863-8303 toll free; TTY: 612-676-6810 or 1-800-688-2534 toll free

Write to: UCare, Attn: Disease Management, P.O. Box 52, Minneapolis, MN 55440-0052

Confidential Fax: 612-884-2497