



ASTHMA ACTION PLAN

Applicant Name: _____ Course Number: _____

To the Health Care Provider: Your patient is applying to attend a course with North Carolina Outward Bound. This course will take place in a remote wilderness setting. Because of the remote nature of the course area, access to advanced emergency medical treatment may be delayed. Please complete the following form and prescribe any additional medications the patient may need while in this remote wilderness area.

SEVERITY CLASSIFICATION

- Mild Intermittent
- Mild Persistent
- Moderate Persistent
- Severe Persistent

TRIGGERS

- Colds
- Weather
- Dust
- Other:
- Smoke
- Exercise
- Air Pollution

EXERCISE

1. Pre-Medication(how much/when):

2. Exercise Modifications:

GREEN ZONE: DOING WELL

Peak Flow Meter Personal Best: _____

Symptoms:

- Breathing is good
- No cough or wheeze
- Can work and play
- Sleeps all night

Peak Flow Meter:

More than 80% of personal best

or: _____

Control Medications

Medication	Dosage	Frequency

YELLOW ZONE: GETTING WORSE

Continue Control Medications and add:

Symptoms:

- Some problems breathing
- Cough, wheeze, or chest tight
- Problems working or playing
- Wake at night

Peak Flow Meter:

Between 50 to 80% of personal

Medication	Dosage	Frequency

best or: _____ to: _____

IF symptoms (and peak flow, if used) RETURN to Green Zone after one hour of the quick relief treatment, THEN:

- Take quick relief medication every four hours for 1-2 day
- Change long term control medications by _____

IF symptoms (and peak flow, if used) DO NOT return to Green Zone after one hour of the quick relief treatment, THEN:

- Take quick relief treatment again
- Change long term control medications by _____

RED ZONE: MEDICAL ALERT

Continue Control Medications and add:

Symptoms:

- Lots of problems breathing
- Cannot work or play
- Getting worse instead of better
- Medicine is not helping

Peak Flow Meter:

Between 0 to 50% of personal

Medication	Dosage	Frequency

best or: _____ to: _____

Evacuate and seek emergency treatment if the following danger signs are present:

- Trouble walking/talking due to shortness of breath
- Lips or fingernails are blue
- Still in the red zone after fifteen (15) minutes

Physician/Health Care Provider Name: _____

Physician Signature: _____

Contact Phone Number: _____

Date: _____