

**ADULT
ASTHMA
ACTION
PLAN**

Name _____
 Age _____ Date of Birth _____ Contact number _____
Emergency contact person
 Name _____ Relation _____ Phone _____
 Doctor / Asthma nurse contact details
 Name _____ Contact number _____

دائرة الصحة
 DEPARTMENT OF HEALTH



**GREEN ZONE
DOING GREAT**



Peak Flow Meter Personal Best _____

- Breathing is easy
- No cough
- No wheeze
- Can do regular activities
- Sleeps through the night
- Using quick relief medicine no more than 2 times a week



(ONLY FOR EXERCISE-INDUCED ASTHMA)

10 minutes before exercise

Take: _____

(short-acting β -2agonist)

- 2 puffs
- 4 puffs
- 6 puffs

PREVENTIVE MEDICINE

Dose _____ When _____ Device _____

OTHER ASTHMA MEDICINES USED REGULARLY

Dose _____ When _____ Device _____

RELIEVER MEDICINES

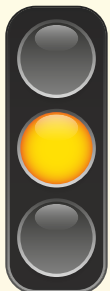
Dose _____ When _____ Device _____

OTHER INSTRUCTIONS

**YELLOW ZONE
CAUTION**

Peak Flow Meter between %50 to %80 of personal best _____ **to** _____

- Short of breath
- Cough
- Wheeze
- Can't do usual activities
- Sleep disturbance due to breathing difficulty, cough or wheeze
- Using quick relief medicine more than 2 times a week



1

GIVE QUICK RELIEF MEDICINE AND KEEP TAKING YOUR GREEN ZONE MEDICINE

Take: _____
 (every 20 minutes for up to 1 hour) _____
 (short-acting β -2agonist)

2 puffs 4 puffs OR Nebulizer, dose _____

2

If your symptoms return to **GREEN ZONE** after 1 hour of above treatment: Continue monitoring to be sure you stay in the **GREEN ZONE** OR If your symptoms do not return to **GREEN ZONE** after 1 hour of above treatment:

Take: _____
 (short-acting β -2agonist)

2 puffs 4 puffs OR Nebulizer, dose _____ every _____ minutes

Add _____ mg per day for _____ Days
 (Oral Steroid)

3

If you get worse, call your doctor or asthma nurse, to make appointment within 24 hours and go to **RED ZONE**

**RED ZONE
DANGER**



Peak Flow Meter less than %50 of personal best _____

- Very short breath
- Breathing very fast
- Can not do usual activities
- Quick relief medicine not helping
- Lips or finger nails look blue



**TAKE THIS
MEDICINE**

Take: _____
 (short-acting β -2agonist)

4 puffs 6 puffs OR Nebulizer, dose _____ every _____ minutes

Add _____ mg per day for _____ Days
 (Oral Steroid)



**DON'T WAIT,
CALL 998** OR go to the nearest hospital immediatly.

JUST CALL 800 555

www.haad.ae