

PREGNANCY AND LACTATION ASTHMA ACTION PLAN

Name: _____ Date: _____
 Emergency Contact: _____ Relationship: _____
 Cell phone: _____ Work phone: _____
 Health Care Provider: _____ Phone number: _____
 Frequency of asthma check-up visits: _____ Personal Best Peak Flow: _____
 Name of asthma biologic (if any): _____ Dates of ultrasound for growth: _____
 Biophysical profile recommended: Y _____ N _____ Date of last COVID-19/flu vaccine: _____

GREEN/GO ZONE: Doing Well with all of these

- ✓ No coughing, wheezing, chest tightness, or difficulty breathing
- ✓ Can work, play, exercise, perform usual activities without symptoms
- ✓ Good fetal movements

Take these medicines for control and maintenance:

Medicine	How much to take	When and how often

YELLOW/WARNING ZONE: Caution/Getting Worse if you have any of these

- ✓ Coughing, wheezing, chest tightness /pain, or difficulty breathing
- ✓ Symptoms with daily activities, work, play, and exercise
- ✓ Waking up at night with symptoms
- ✓ Reduced fetal movements

CONTINUE your Green Zone medicines PLUS take these quick relief/rescue medicines:

Medicine	How much to take	When and how often

Call your doctor if you have been in the Yellow Zone for more than 24 hours. Also call your OB immediately if there are reduced fetal movements.

RED/DANGER ZONE: Alert if you have any of these!

- ✓ Difficulty breathing, coughing, wheezing not helped with medications
- ✓ Trouble walking or talking due to asthma symptoms
- ✓ Not responding to quick relief medication
- ✓ Headache, vomiting
- ✓ Vaginal bleeding

FOR EXTREME TROUBLE BREATHING/SHORTNESS OF BREATH GET IMMEDIATE HELP!

Take these quick relief/rescue medicines:

Medicine	How much to take	When and how often

GO to the hospital/emergency department or CALL for an ambulance NOW!