sunshine health

Asthma Action Plan



Name: _____ Provider phone #: _____

Birth date: _____ Known asthma triggers to avoid: _____

Date: _____ _____

Parent/guardian phone #: _____ _____

GO – You're Doing Well!

You can do all of these:

- Breathe easily
- Not cough, wheeze or have tightness of chest
- Sleep all night long
- Play

TAKE THESE CONTROLLER MEDICINES EVERY DAY

Daily Medicine	Amount	How Often

Peak Flow: More than _____

CAUTION – Slow Down!

You have any of these:

- First signs of a cold
- Exposure to known trigger(s)
- Cough and wheeze
- Tightness in chest
- Some effort when playing

CONTINUE WITH DAILY MEDICINE AND ADD:

Rescue Medicine	Amount	How Often

Peak Flow: _____ to _____

DANGER – Get Help!

Your asthma is getting worse fast:

- Rescue Medicine is not helping
- Breathing is hard and fast (shortness of breath)
- Slurred speech and nerves
- Symptoms getting worse
- **Call a doctor immediately!**

TAKE THESE MEDICINES AND SEEK MEDICAL HELP NOW!

Rescue Medicine	Amount	How Often

Peak Flow: Less than _____

1. Adapted from http://www.cdc.gov/asthma/actionplan.html
2. Adapted from https://www.maine.gov/dhhs/mecdc/population-health/mat/information-and-publications/asthma-action-plans.shtml

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This information is available for free in other formats and languages. Please contact Member Services at 1-866-796-0530 (TTY 1-800-955-8770) Monday through Friday, 8 a.m. to 8 p.m.

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If you need these services, contact us at the number above. If you believe that Sunshine Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, pregnancy or sexual orientation, you can file a grievance with: 1557 Coordinator, P.O. Box 31384, Tampa, FL 33631, Phone: 1-833-236-9680 (TTY 711), Fax: 1-866-388-1769, Email: SM_Section1557Coord@centene.com.
You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TTY). Complaint forms are available at https://www.hhs.gov/ocr/complaints/index.html.
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Esta información está disponible en otros idiomas de manera gratuita. Comuníquese con nuestro número de servicio al cliente al 1-866-796-0530, TTY 1-800-955-8770 de lunes a viernes, de 8 a.m. a 8 p.m.

Si oumenm, oubyen yon moun w ap ede, gen kesyon nou ta renmen poze sou Sunshine Health, ou gen tout dwa pou w jwenn èd ak enfòmasyon nan lang manman w san sa pa koute w anyen. Pou w pale avèk yon entèprèt, sonnen nimewo 1-866-796-0530 (TTY 1-800-955-8770).

Ces informations sont disponibles gratuitement dans d'autres langues. Veuillez contacter les services aux membres au 1-866-796-0530, TTY 1-800-955-8770 du lundi au vendredi, de 8 heures à 20 heures.

Queste informazioni sono disponibili gratuitamente in altre lingue. Contattare il Servizio Membri al 1-866-796-0530, TTY 1-800-955-8770 dal lunedì al venerdì, dalle 8:00 alle 20:00

Эту информацию можно бесплатно получить на других языках. Обращайтесь в Отдел обслуживания по телефону 1-866-796-0530, телефону с текстовым дисплеем 1-800-955-8770 с понедельника по пятницу с 8:00 до 20:00.