



**L.A. Care®**

*L.A. Cares About*  
**Asthma®** 

*An education and support program for people with asthma*





## Have questions? Need help?

Give us a call!

To speak with a health coach,  
please contact:

**Health Education Department**

**1.855.878.4374 (TTY 711)**

Monday-Friday 9am - 4pm



**Nurse Advice Line**

**1.800.249.3619 (TTY 711)**

24 hours a day, 7 days a week





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# 5 Things to Know About Asthma

## 1 Learn about asthma.

- ⌘ Asthma is a lung disease. It causes the airways to tighten and swell.
- ⌘ Asthma can cause you to cough, wheeze, or feel short of breath.

## 2 Know your medicines and how to use them.

- ⌘ Use controller medicine every day, even when you are feeling good.
- ⌘ A **controller** medicine is needed if you:
  - Have trouble breathing more than twice a week during the day.
  - Have trouble breathing more than twice a month during the night.
  - Refill your quick-relief medication more than two times a year.



- ⌘ Use **quick-relief** medicine when you are experiencing asthma symptoms such as shortness of breath, chest tightness, wheezing, and coughing. It's important to have this medicine with you at all times.
- ⌘ Know how to use a spacer or nebulizer to help you get your full dose.

### 3 Learn what makes your asthma worse.

- ⌘ Triggers are things that make your asthma worse. This may be smoke, pets, dust, pollen, colds or things around you.
- ⌘ If you have asthma symptoms when exercising, use your quick relief medicine before you exercise.

### 4 Keep track of your symptoms.

- ⌘ Write down your symptoms and share with your doctor.
- ⌘ A peak flow meter may help if you're over 5 years old.

### 5 Have an Asthma Action Plan.

- ⌘ Have an Asthma Action Plan. This written plan will help you know what to do during an asthma emergency.
- ⌘ Talk to your doctor about your Asthma Action Plan at each visit.

# Asthma Triggers

**Triggers** are things that bother the airways and can cause your asthma to flare-up. When asthma is triggered, and you don't act right away, you could have an asthma attack. Talk to your doctor to learn how to stay away from triggers whenever you can.

## Here are some common triggers:



Pets  
(dogs, cats)



Smog



Mold



Cold Weather



Dust



Strong Smells



Dust Mites



Foods



Pests (cockroaches, mice)



Tobacco Smoke



Pollen



Exercise



Not Taking your Asthma Medicine

# Asthma

## Warning Signs

### Here are some common signs that your asthma is getting worse:

- ⌘ Trouble breathing
- ⌘ Coughing (*during the day, night, or with exercise*)
- ⌘ Wheezing (*a whistling noise when you breathe*)
- ⌘ Tightness in your chest
- ⌘ Trouble sleeping at night (*coughing, short of breath, chest tightness or pain*)
- ⌘ A drop in your peak flow reading (*if you don't have a peak flow meter, ask your doctor to prescribe you one*)

### Signs of an Asthma Emergency

- ⌘ Having lots of trouble breathing, walking or talking because you are short of breath.
- ⌘ Asthma warning signs aren't getting better.
- ⌘ Lips and/or nails are turning blue.

### What to do in an asthma emergency

- ⌘ Take quick-relief medicine (use a "**rescue inhaler**") right away and follow your Asthma Action Plan.
- ⌘ Get help if you can't breathe!
- ⌘ Call **911** or go to the nearest emergency room or urgent care center if asthma signs do not improve right away after taking your quick-relief medicine.

# Asthma Medicines and What They Do

## 1 Quick-relief medicine (rescue inhaler)

- ⌘ Opens the airways fast to stop an asthma attack.
- ⌘ Sometimes your doctor will have you take it before exercise or if you know you will be around one of your asthma triggers.
- ⌘ Tell your doctor or nurse if these rules of two apply:
  - ✓ If you need to use your quick-relief medicine more than twice a week
  - ✓ If you wake up at night more than two times a month
  - ✓ If you refill your quick relief medicine more than two times a year



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## 2 Controller medicine (controller inhaler)

- ⌘ Helps cut down swelling, tightening, and mucus.
- ⌘ Must be taken every day, even when you feel good and have no asthma signs!
- ⌘ Rinse your mouth after use if your medicine requires it.
- ⌘ Don't give up! The medicine may take up to two weeks to start working.





## How to control your asthma

- ⌘ See your doctor often, even if you are feeling well!
  - ⌘ Talk to your doctor about your asthma triggers and medicines.
  - ⌘ Ask your doctor to make an Asthma Action Plan with you so you know what to do if your asthma worsens.
  - ⌘ Take your medications exactly as your doctor tells you.
  - ⌘ Use a peak flow meter to see how your asthma is doing each day. If you need a peak flow meter, ask your doctor to prescribe you one.
- 

## What happens when asthma is controlled

- ⌘ You can do your normal activities (*including exercise*) without trouble breathing.
- ⌘ You have few or no asthma symptoms.
- ⌘ You can breathe!



# How to Use an Asthma Action Plan

Everyone with asthma should have an **Asthma Action Plan**. This written plan will help you know what to do during an asthma flare-up. Ask your doctor or your child's doctor to complete this Asthma Action Plan with you.

## An Asthma Action Plan tells you:

- ⌘ How to use the peak flow number to know if your or your child's asthma is in control.
- ⌘ How to deal with asthma symptoms.
- ⌘ What medicine to take and when to take it.
- ⌘ When to go to a doctor or to get urgent care.

Keep a copy of your or your child's Asthma Action Plan at work, your child's school, and other places where you or your child spend a lot of time.



Review your Asthma Action Plan with your doctor every time there's a change in your or your child's asthma treatment.

## An Asthma Action Plan provides a color guide for your asthma control.



**I feel GOOD**  
(Green Zone)

- Breathing is good, and
- No cough, tight chest, or wheeze, and
- Can work and exercise easily



**I DO NOT feel good**  
(Yellow Zone)

- Cough or wheeze, or
- Hard to breathe, or
- Tight chest, or
- Wake up at night, or
- Can't do all activities  
*(work and exercise)*



**I feel AWFUL**  
(Red Zone)

- Medicine does not help, or
- Can't talk or walk well, or
- Feel scared, or
- Breathing is hard or fast, or
- Chest pain



# My Asthma Action Plan

*Please complete with your doctor.*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

- My triggers are:**
- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Mold          | <input type="checkbox"/> Pollen      | <input type="checkbox"/> Air pollution                       |
| <input type="checkbox"/> Strong smells | <input type="checkbox"/> Dust mites  | <input type="checkbox"/> Smoke                               |
| <input type="checkbox"/> Animals       | <input type="checkbox"/> Cockroaches | <input type="checkbox"/> Exercise                            |
|  | <input type="checkbox"/> Colds       | <input type="checkbox"/> Food <input type="checkbox"/> Other |

- My asthma level is:**
- |  |  |
|--|--|
| <input type="checkbox"/> 1 Intermittent    | <input type="checkbox"/> 3 Moderate          |
| <input type="checkbox"/> 2 Mild Persistent | <input type="checkbox"/> 4 Severe Persistent |

## I feel GOOD (Green Zone)

- Breathing is good, and
- No cough, tight chest, or wheeze, and
- Can work and exercise easily



Peak Flow Numbers: \_\_\_\_\_ to \_\_\_\_\_

Take asthma long-term control medicine everyday.

Medicine:	How taken:	How much:	When:
_____	_____	_____	_____ times a day
_____	_____	_____	_____ times a day
_____	_____	_____	_____ times a day

15-20 minutes before exercise or sports, take \_\_\_\_\_ puffs using a spacer.

## I DO NOT feel good (Yellow Zone)

- Cough or wheeze, or
- Hard to breathe, or
- Tight chest, or
- Wake up at night, or
- Can't do all activities,  
(work and exercise)



Peak Flow Numbers: \_\_\_\_\_ to \_\_\_\_\_

**TAKE** \_\_\_\_\_ puffs of quick-relief medicine. If not back in the Green Zone within 20 to 30 minutes, take \_\_\_\_\_ more puffs.

Medicine: \_\_\_\_\_ How taken: \_\_\_\_\_ How much: \_\_\_\_\_ When: \_\_\_\_\_  
every \_\_\_\_\_ hours

**KEEP USING** long-term control medicine.

Medicine: \_\_\_\_\_ How taken: \_\_\_\_\_ How much: \_\_\_\_\_ When: \_\_\_\_\_  
\_\_\_\_\_ times a day  
\_\_\_\_\_ times a day

Call your doctor if quick-relief medicine does not work OR if these symptoms happen more than twice a week.

## I feel AWFUL (Red Zone)

- Medicine does not help, or
- Can't talk or walk well, or
- Feel scared
- Breathing is hard or fast, or
- Chest pain



Peak Flow Numbers: Under \_\_\_\_\_

### Get help now!

Take these quick-relief medicines until you get emergency care:

Medicine: \_\_\_\_\_ How taken: \_\_\_\_\_ How much: \_\_\_\_\_ When: \_\_\_\_\_  
\_\_\_\_\_ times a day  
\_\_\_\_\_ times a day  
\_\_\_\_\_ times a day

**Get emergency care/Call 911** if you can't walk or talk because it is too hard to breathe OR if drowsy OR if lips or fingernails are gray or blue.

**DO NOT WAIT!**

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_



# My Child's Asthma Action Plan

Please complete with your doctor.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

- My triggers are:**
- |  |  |
|--|--|
| <input type="checkbox"/> Pollen        | <input type="checkbox"/> Air pollution                       |
| <input type="checkbox"/> Mold          | <input type="checkbox"/> Dust mites                          |
| <input type="checkbox"/> Strong smells | <input type="checkbox"/> Smoke                               |
| <input type="checkbox"/> Animals       | <input type="checkbox"/> Cockroaches                         |
| <input type="checkbox"/> Colds         | <input type="checkbox"/> Exercise                            |
|  | <input type="checkbox"/> Food <input type="checkbox"/> Other |

- My asthma level is:**
- |  |  |
|--|--|
| <input type="checkbox"/> 1 Intermittent    | <input type="checkbox"/> 3 Moderate          |
| <input type="checkbox"/> 2 Mild Persistent | <input type="checkbox"/> 4 Severe Persistent |

## My child feels GOOD (Green Zone)

- Breathing is good, and
- No cough, tight chest, or wheeze, and
- Can play and exercise easily



Peak Flow Numbers: \_\_\_\_\_ to \_\_\_\_\_

Take asthma long-term control medicine everyday.

Medicine:	How taken:	How much:	When:
_____	_____	_____	_____ times a day
_____	_____	_____	_____ times a day
_____	_____	_____	_____ times a day

15-20 minutes before exercise or sports, take \_\_\_\_\_ puffs using a spacer.

## My child does NOT feel good (Yellow Zone)

- Cough or wheeze, or
- Hard to breathe, or
- Tight chest, or
- Wake up at night, or
- Can't do all activities,  
(play and exercise)



Peak Flow Numbers: \_\_\_\_\_ to \_\_\_\_\_

Have your child **TAKE** \_\_\_\_\_ puffs of quick-relief medicine. If not back in the Green Zone within 20 to 30 minutes, take \_\_\_\_\_ more puffs.

Medicine: \_\_\_\_\_ How taken: \_\_\_\_\_ How much: \_\_\_\_\_ When: \_\_\_\_\_  
every \_\_\_\_\_ hours

**KEEP USING** long-term control medicine.

Medicine: \_\_\_\_\_ How taken: \_\_\_\_\_ How much: \_\_\_\_\_ When: \_\_\_\_\_  
\_\_\_\_\_ times a day  
\_\_\_\_\_ times a day

Call your doctor if quick-relief medicine does not work OR if these symptoms happen more than twice a week.

## My child feels AWFUL (Red Zone)

- Medicine does not help, or
- Can't talk or walk well, or
- Feel scared
- Breathing is hard or fast, or
- Chest pain



Peak Flow Numbers: Under \_\_\_\_\_

**Get help now!** Have your child take these quick-relief medicines until child gets emergency care:

Medicine: \_\_\_\_\_ How taken: \_\_\_\_\_ How much: \_\_\_\_\_ When: \_\_\_\_\_  
\_\_\_\_\_ times a day  
\_\_\_\_\_ times a day  
\_\_\_\_\_ times a day

**Get emergency care/Call 911** if your child can't walk or talk because it is too hard to breathe OR if drowsy OR if lips or fingernails are gray or blue. **DO NOT WAIT!**

\*Send a copy of your child's action plan to their teachers and the school nurse.  
Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Talk With Your Doctor About Asthma

## Use these tips to get ready for your next doctor visit.

- ✓ **Write down your questions.** Don't be afraid to ask questions. Your doctor is there to help you control your asthma.
- ✓ **Keep a list of your triggers.** Write down what causes (triggers) your asthma and how you react (coughing, wheezing, hard time breathing).
- ✓ **Bring all your medicines and your Asthma Action Plan to each visit.** An Asthma Action Plan tells you when and how to use your medicines. If you don't have one, ask your doctor.
- ✓ **Review all your medicines.** Ask how and when to use them.
- ✓ **Ask for health education materials.** Health education materials tell you what asthma is and how you can control it.
- ✓ **Call your doctor if you have questions.** If you get home and have more questions, call your doctor's office and ask to speak to someone who can help.



# Sample Questions to Ask Your Doctor

- ⌘ What is asthma?
- ⌘ How can I control my asthma?
- ⌘ What caused it? Is there a cure?
- ⌘ What are my asthma medicines?
- ⌘ When do I take my medicines?
- ⌘ How do I take my asthma medicines?
- ⌘ Can you review my inhaler usage technique?
- ⌘ Do the medicines have side effects? What are they?
- ⌘ Can I get a 90 day supply for continuous asthma medicines?
- ⌘ What is an Asthma Action Plan?
- ⌘ Can we review my Asthma Action Plan?
- ⌘ What is a spacer? How do I use it?
- ⌘ What is a peak flow meter? How do I use it?
- ⌘ Do I need to have the flu shot?
- ⌘ Do you have health education materials about asthma?
- ⌘ When is my next visit?
- ⌘ Do I need a referral to a specialist?

## What do I want to ask my doctor?

Write your questions below and take this with you to the doctor.

1

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2

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3

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4

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5

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# How to Use a Peak Flow Meter



A **peak flow meter** tells you how well your lungs are working. It measures the force of air as you breathe out. It works even before you feel asthma symptoms. If you don't have a peak flow meter, get one from L.A. Care at no cost to you. Ask your doctor for a prescription.

## Using a peak flow meter is easy:

### Step 1

- ⌘ Make sure the marker is at 0.
- ⌘ Stand or sit up.

### Step 2

- ⌘ Take a deep breath.
- ⌘ Quickly close your lips around the tube.
- ⌘ Look straight ahead, hold the meter straight.
- ⌘ Do not cover any holes or numbers with your tongue or fingers.
- ⌘ Blow out as hard and fast as you can.

### Step 3

- ⌘ Mark your score on a peak flow tracking sheet.
- ⌘ Repeat the test two more times and mark each score.
- ⌘ Circle the best (*highest*) reading.
- ⌘ This is your peak flow number for the day.

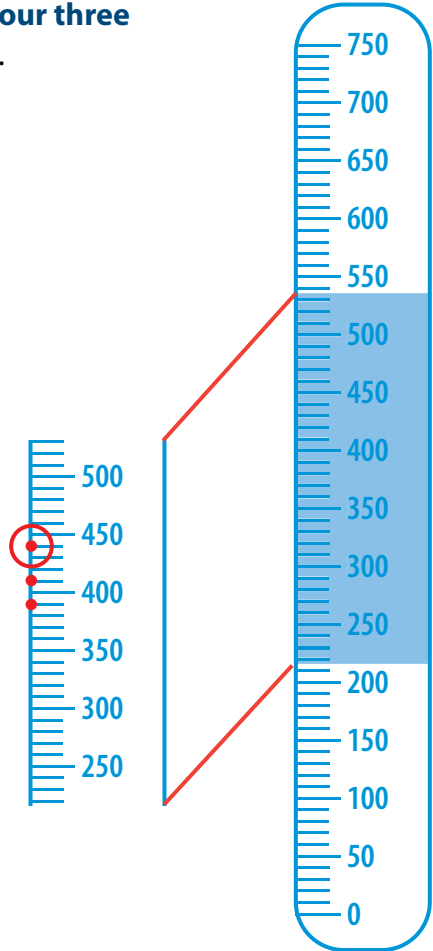
#### Step 4

- Track your peak flow numbers on a peak flow log. Try to take the readings at the same time of the day and **record your three results each day.**

### Your personal best peak flow number

Your personal best is your highest peak flow number over two weeks when you are feeling well. Use this number to compare to other peak flow readings. This will tell you how you are doing over time. Talk to your doctor about your peak flow results.

Personal Best Peak Flow Number: \_\_\_\_\_



# Understanding Your Numbers

Think of your peak flow readings as a stop light. Look at the table below and determine which zone you are in. Your personal best peak flow number may be different than someone else's.

**Step 1** First, find your personal best peak flow number in the **blue** (*first*) column.

**Step 2** Then, follow the line across to find where today's peak flow number falls—**green**, **yellow**, or **red zone**.

**Example:** Mr. Smith's personal best peak flow number is 450. Today his peak flow number is above 360 (**green zone**). Good news, he is doing well!



Follow your Asthma Action Plan whether you're in the **green**, **yellow**, or **red zone**. Talk to your doctor if you do not have an Asthma Action Plan.



If your personal best peak flow number is:

You are in the Green Zone if your peak flow number is:

You are in the Yellow Zone if your peak flow number is:

You are in the Red Zone if your peak flow number is:

100

above 80

between 80 and 50

below 50

125

above 100

between 100 and 63

below 63

150

above 120

between 120 and 75

below 75

175

above 140

between 140 and 88

below 88

200

above 160

between 160 and 100

below 100

225

above 180

between 180 and 113

below 113

250

above 200

between 200 and 125

below 125

275

above 220

between 220 and 138

below 138

300

above 240

between 240 and 150

below 150

325

above 260

between 260 and 163

below 163

350

above 280

between 280 and 175

below 175

375

above 300

between 300 and 188

below 188

400

above 320

between 320 and 200

below 200

425

above 340

between 340 and 213

below 213

450

above 360

between 360 and 225

below 225

475

above 380

between 380 and 238

below 238

500

above 400

between 400 and 250

below 250

525

above 420

between 420 and 263

below 263

550

above 440

between 440 and 275

below 275

575

above 460

between 460 and 288

below 288

600

above 480

between 480 and 300

below 300

**GREEN ZONE**  
Doing Well

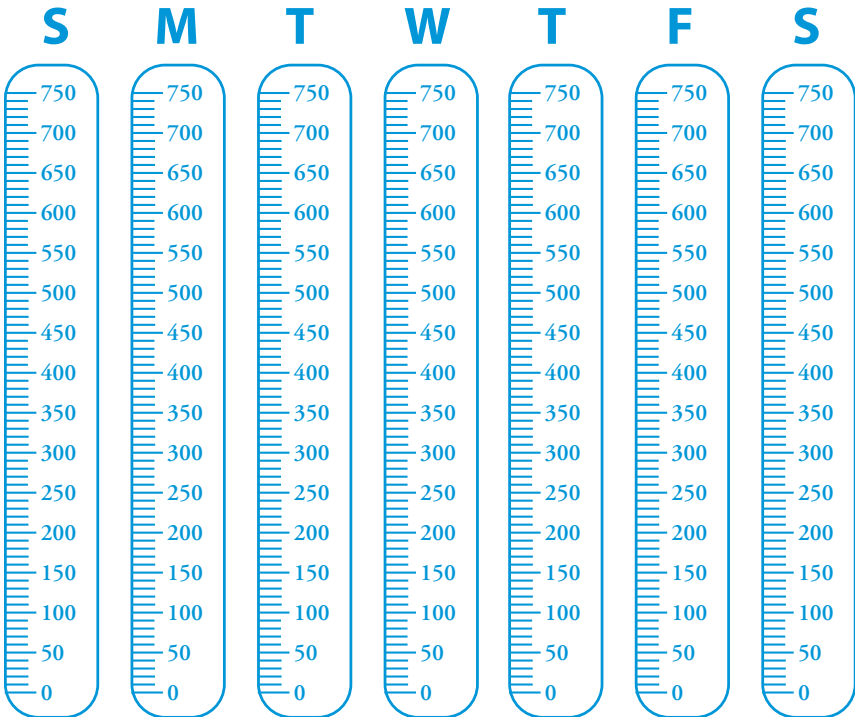
**YELLOW ZONE**  
Call Your Doctor

**RED ZONE**  
Call 911.  
Get Help NOW!

# Peak Flow Tracking

Use your peak flow at the same time each day. Mark all three scores. Circle the best (*highest*) number. Use this number to find out if you are in the **green**, **yellow**, or **red zone**. Follow your Asthma Action Plan. Talk to your doctor if you do not have an Asthma Action Plan.

**Week 1** Date: \_\_\_\_\_

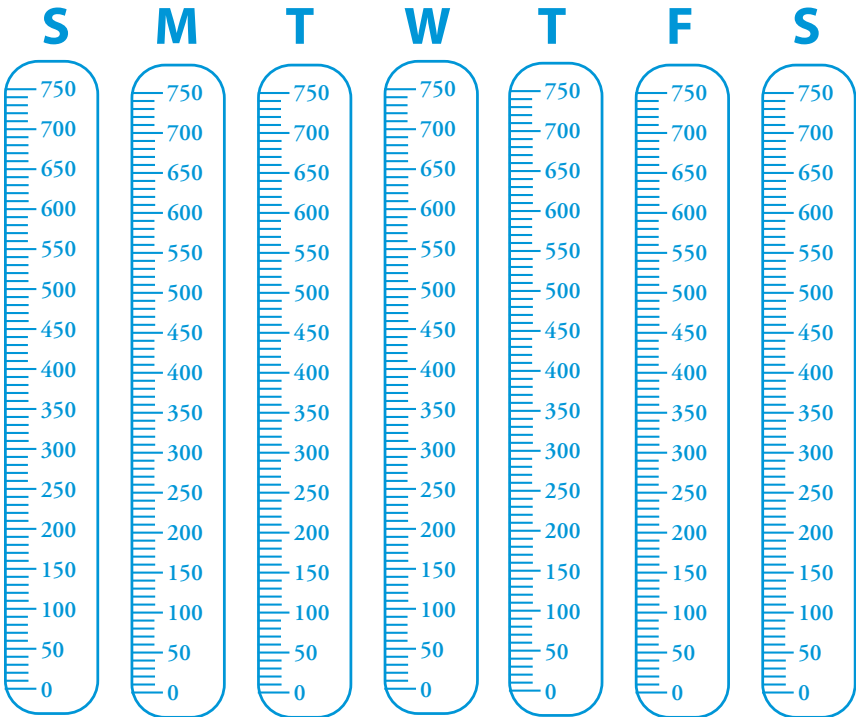


**➡ Highest peak flow number for the day**

# Personal Best Peak Flow Number

(highest peak flow number over 2 weeks): \_\_\_\_\_

**Week 2** Date: \_\_\_\_\_



**➡ Highest peak flow number for the day**

# Important Resources

## Your Doctor

Your doctor is always there for you. Make and keep your doctor appointments. Keep your doctor's phone number handy.

My doctor's name is: \_\_\_\_\_

Phone number: \_\_\_\_\_

## Health Education Department

Speak to an asthma coach.

**1.855.878.4374** (TTY 711) Monday-Friday 9am - 4pm



L.A. Care



My *Health in Motion*™

Create an account on L.A. Care's health and wellness portal.

With MyHIM you have access to:

- ❖ Health topic specific materials and videos
- ❖ Health Coaches via the chat feature
- ❖ Self-paced workshops and a calendar of virtual group appointments

## L.A. Care Nurse Advice Line

Call the L.A. Care **Nurse Advice Line** for general health questions to keep you and your family healthy. You can call 24 hours a day, 7 days a week. Call **1.800.249.3619** (TTY 711).





## Community Resource Center

# RESOURCE CENTER LOCATIONS

### Palmdale

2072 E. Palmdale Blvd.  
Palmdale, CA 93550  
 **1.213.438.5580**

### Panorama City

7868 Van Nuys Blvd,  
Panorama City, CA 91402  
 **1.213.438.5497**  
*(Opening 2024)*

### West L.A.

11173 W. Pico Blvd.  
Los Angeles, 90064  
 **1.310.231.3854**

### Metro L.A.

1233 S. Western Ave.  
Los Angeles, CA 90006  
 **1.213.428.1457**

### Lincoln Heights

2426 N. Broadway,  
Los Angeles, CA 90031  
 **1.213.294.2840**  
*(Opening in 2024)*

### El Monte

3570 Santa Anita Ave.  
El Monte, CA 91731  
 **1.213.428.1495**

### Pomona

696 W. Holt Ave.  
Pomona, CA 91768  
 **1.909.620.1661**

### 8 Inglewood

2864 W. Imperial Hwy.  
Inglewood, CA 90303  
 **1.310.330.3130**

### 9 South L.A.

5710 Crenshaw Blvd.  
Los Angeles, CA 90043  
*(Opening 2024)*

### 10 East L.A.

4801 Whittier Blvd.  
Los Angeles, CA 90022  
 **1.213.438.5570**

### 11 Lynwood

3200 E. Imperial Hwy.  
Lynwood, CA 90262  
 **1.310.661.3000**

### 12 Norwalk

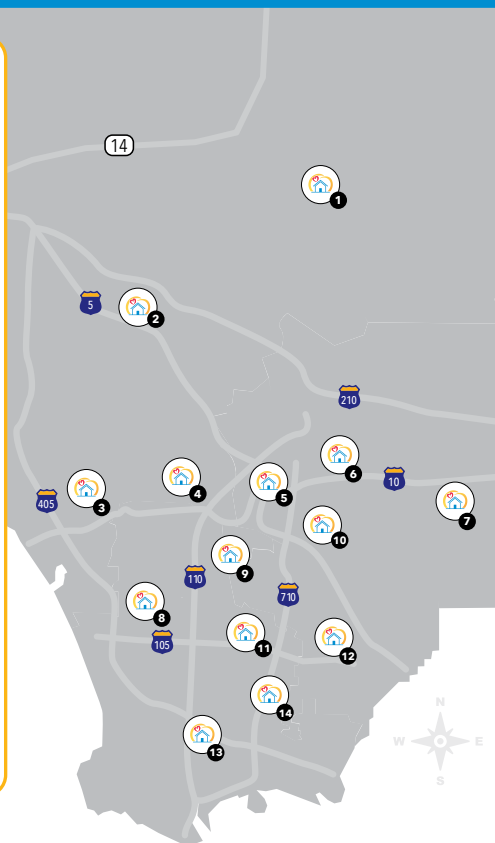
11721 Rosecrans Ave.  
Norwalk, CA 90650  
 **1.562.651.6060**

### 13 Wilmington

911 N. Avalon Blvd.  
Wilmington, CA 90744  
 **1.213.428.1490**

### 14 Long Beach

5599 Atlantic Ave.  
Long Beach, CA 90805  
 **1.562.256.9810**



Blue Shield of California Promise Health Plan is contracted with L.A. Care Health Plan to provide Medi-Cal managed care services in Los Angeles County. L.A. Care and Blue Shield Promise are independent entities. Blue Shield Promise is an independent licensee of the Blue Shield Association.



For more information, visit [communityresourcecenterla.org](https://communityresourcecenterla.org) or call **1.877.287.6290 (TTY 711)** Monday through Friday, 9 am to 5 pm.



**Notes:**

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**L.A. Care**  
HEALTH PLAN

*For A Healthy Life*

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**lacare.org**



*For A Healthy Life*

**Health Education Department**

**1.855.878.4374 (TTY 711)**

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