



Name: _____

Reg #:

Date:

DOB:

Age:

GREEN ZONE (Doing Well)

- ✓ Breathing is good (no coughing, wheezing, chest tightness, or shortness of breath during the day or night), *and*
- ✓ Able to do usual activities (work, play, and exercise), *and*
- ✓ Peak flow is more than 80% of your personal best (_____)

Personal Best: _____

Controller Medications

Take these medication(s) **EVERY DAY**.

Medication

Directions

☐ If you usually have symptoms with exercise, then take:

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YELLOW ZONE (Caution)

- ✓ Breathing problems (coughing, wheezing, chest tightness, shortness of breath, or waking up from sleep), *or*
- ✓ Can do some, but not all, usual activities, *or*
- ✓ Peak flow is between 60% to 80% of your personal best (_____ to _____)

Rescue Medications

Continue taking your controller medication(s) as prescribed.

Take: _____

- Then: ♦ Wait **20 minutes** and see if the treatment(s) helped
- ♦ If you are GETTING WORSE or are NOT IMPROVING after the treatment(s), go to the Red Zone
- ♦ If you are BETTER, _____

Then: If you still have symptoms after 24 hours, CALL YOUR DOCTOR and if he/she agrees:

☐ Start: _____☐ Other: _____If rescue medication is needed more than **2 times a week**, call your doctor at _____.

RED ZONE (Medical Alert)

- ✓ Breathing is hard and fast (nose opens wide, ribs show), *or*
- ✓ Rescue medications have not helped, *or*
- ✓ Cannot do usual activities (including trouble talking or walking), *or*
- ✓ Peak flow is less than 60% of your personal best (_____)

Emergency Treatment

Take these medication(s) and seek medical help NOW.

Take: _____

- Then: ♦ Wait **15 minutes** and see if the treatment(s) helped
- ♦ If you are GETTING WORSE or are NOT IMPROVING, **go to the hospital or call 9-1-1**
- ♦ If you are BETTER, continue treatments every 4 to 6 hours and call your doctor – **say you are having an asthma attack and need to be seen TODAY**

Then: ☐ If your doctor agrees, start: _____☐ Other: _____

Plan Developed in Partnership with Patient by (Doctor's Name): _____ Doctor Number: _____

Signature: _____ Date/Time: _____