



Asthma Action Plan

General Information:

Name _____
 Emergency contact _____ Phone numbers _____
 Physician/Health Care Provider _____ Phone numbers _____
 Physician Signature _____ Date _____

Severity Classification		Triggers	Exercise
<input type="checkbox"/> Mild Intermittent	<input type="checkbox"/> Moderate Persistent	<input type="checkbox"/> Colds	1. Pre-medication (how much and when) _____ 2. Exercise modifications _____
<input type="checkbox"/> Mild Persistent	<input type="checkbox"/> Severe Persistent	<input type="checkbox"/> Smoke	
		<input type="checkbox"/> Weather	
		<input type="checkbox"/> Exercise	
		<input type="checkbox"/> Dust	
		<input type="checkbox"/> Animals	
		<input type="checkbox"/> Food	
		<input type="checkbox"/> Other	

Green Zone: Doing Well

Peak Flow Meter Personal Best = _____
Symptoms
 Breathing is good
 No cough or wheeze
 Can work and play
 Sleeps all night

Control Medications	Medicine	How Much to Take	When To Take It
	_____	_____	_____
	_____	_____	_____

Peak Flow Meter
 More than 80% of personal best or _____

Yellow Zone: Getting Worse

Symptoms
 Some problems breathing
 Cough, wheeze or chest tight
 Problems working or playing
 Wake at night

Contact Physician if using quick relief more than 2 times per week.
 Continue control medicines and add:

Medicine	How Much to Take	When To Take it
_____	_____	_____
_____	_____	_____

Peak Flow Meter
 Between 50 to 80% of personal best or _____ to _____

IF your symptoms (and peak flow, if used) return to Green Zone after one hour of the quick relief treatment, THEN
 Take quick-relief medication every 4 hours for 1 to 2 days
 Change your long-term control medicines by _____
 Contact your physician for follow-up care

IF your symptoms (and peak flow, if used) DO NOT return to the GREEN ZONE after 1 hour of the quick relief treatment, THEN
 Take quick-relief treatment again
 Change your long-term control medicines by _____
 Call your physician/Health Care Provider within _____ hours of modifying your medication routine

Red Zone: Medical Alert

Symptoms
 Lots of problems breathing
 Cannot work or play
 Getting worse instead of better
 Medicine is not helping

Ambulance/Emergency Phone Number: _____
 Continue control medicines and add:

Medicine	How Much to Take	When To Take It
_____	_____	_____
_____	_____	_____

Peak Flow Meter
 Between 0 to 50% of personal best or _____ to _____

Go to the hospital or call for an ambulance if
 Still in the red zone after 15 minutes
 If you have not been able to reach your physician/health care provider for help

Call an ambulance immediately if the following danger signs are present,
 Trouble walking/talking due to shortness of breath
 Lips or fingernails are blue