

Asthma • Action • Plan

Name _____

Age _____

Date _____

Green Zone

and/or

Asthma Symptoms: None/Feeling Good

Actions: *Take _____ *Daily to*
prevent asthma flare-ups

* Take *Albuterol* or *Levalbuterol* or _____ as needed.
for coughing/wheezing and chest tightness

* If you take *Albuterol* or *Levalbuterol* or _____ more than 2
times per week, *Call your doctor* Phone _____

1. To identify triggers of your asthma ☐ 2. To review your inhalation technique ☐
3. To adjust or change your daily long-term asthma medication ☐

Yellow Zone

and/or

Asthma Symptoms: Starting to cough, wheeze, feel chest tightness and or short of
breath *while taking daily long-term asthma medications* _____

Actions: * Take *Albuterol* or *Levalbuterol* or _____
_____ as needed.

* If you take *Albuterol* or *Levalbuterol* or _____ daily or
increasing use: *Contact your doctor now*

1. To identify triggers of your asthma ☐ 2. To review your inhalation technique ☐
3. To adjust or change your daily long-term asthma medication ☐
4. To take oral steroids _____

Red Zone

and/or

Asthma Symptoms: Increasing cough, short of breath, trouble talking,
walking or playing and * **Rescue medications:** *Prednisone/Albuterol* or

Levalbuterol or _____ have not
**reduced your symptoms. Emergency Get Help!! Call 911 and go to nearest
Emergency Room**

Prednisone tablets or liquid at home for asthma exacerbation Yes ☐ No ☐

Patient/Gaurdian signature _____

Clinician signature _____