

Asthma Action Plan



General Information:

■ Name _____
■ Emergency contact _____ Phone numbers _____
■ Physician/healthcare provider _____ Phone numbers _____
■ Physician signature _____ Date _____

Severity Classification	Triggers	Exercise
☐ Intermittent ☐ Moderate Persistent ☐ Mild Persistent ☐ Severe Persistent	☐ Colds ☐ Smoke ☐ Weather ☐ Exercise ☐ Dust ☐ Air Pollution ☐ Animals ☐ Food ☐ Other _____	1. Premedication (how much and when) _____ 2. Exercise modifications _____

Green Zone: Doing Well

Peak Flow Meter Personal Best =

Symptoms

- Breathing is good
- No cough or wheeze
- Can work and play
- Sleeps well at 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

Contact physician if using quick relief more than 2 times per week.

Symptoms

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

Continue control medicines and add:

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

Peak Flow Meter

Between 50% and 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 medicine by _____
- ☐ Contact your physician for follow-up care.

IF your symptoms (and peak flow, if used) DO NOT return to Green Zone after one hour of the quick-relief treatment, THEN

- ☐ Take quick-relief treatment again.
- ☐ Change your long-term control medicine by _____
- ☐ Call your physician/Healthcare provider within _____ hour(s) of modifying your medication routine.

Red Zone: Medical Alert

Ambulance/Emergency Phone Number:

Symptoms

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

Continue control medicines and add:

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

Peak Flow Meter

Less than 50% of personal best or _____ to _____

Go to the hospital or call for an ambulance if: Call an ambulance immediately if the following danger signs are present:

- ☐ Still in the red zone after 15 minutes.
- ☐ You have not been able to reach your physician/healthcare provider for help.
- ☐ _____
- ☐ Trouble walking/talking due to shortness of breath.
- ☐ Lips or fingernails are blue.