

ASTHMA ACTION PLAN



Asthma and Allergy
Foundation of America
aafa.org

Name:	Date:
Doctor:	Medical Record #:
Doctor's Phone #: Day	Night/Weekend
Emergency Contact:	
Doctor's Signature:	Parent's Signature:

The colors of a traffic light will help you use your asthma medicines.



GREEN means Go Zone!
Use preventive medicine.

YELLOW means Caution Zone!
Add quick-relief medicine.

RED means Danger Zone!
Get help from a doctor.

Personal Best Peak Flow: _____

GO		Use these daily controller medicines:		
You have <i>all</i> of these: - Breathing is good - No cough or wheeze - Sleep through the night - Can work & play	Peak flow: from _____ to _____	MEDICINE	HOW MUCH	HOW OFTEN/WHEN
		For asthma with exercise, take:		
CAUTION		Continue with green zone medicine and add:		
You have <i>any</i> of these: - First signs of a cold - Exposure to known trigger - Cough - Mild wheeze - Tight chest - Coughing at night	Peak flow: from _____ to _____	MEDICINE	HOW MUCH	HOW OFTEN/ WHEN
		CALL YOUR ASTHMA CARE PROVIDER.		
DANGER		Take these medicines and call your doctor now.		
Your asthma is getting worse fast: - Medicine is not helping - Breathing is hard & fast - Nose opens wide - Trouble speaking - Ribs show (in children)	Peak flow: reading below _____	MEDICINE	HOW MUCH	HOW OFTEN/WHEN

GET HELP FROM A DOCTOR NOW! Your doctor will want to see you right away. It's important!
If you cannot contact your doctor, go directly to the emergency room. **DO NOT WAIT.**

Make an appointment with your asthma care provider within two days of an ER visit or hospitalization.