

Asthma Action Plan



General Information:

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

Severity Classification
 Mild Intermittent Moderate Persistent
 Mild Persistent Severe Persistent

Triggers
 Colds Smoke Weather
 Exercise Dust Air pollution
 Animals Food
 Other _____

Exercise
 1. Pre-medication (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 all night

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

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

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

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

Continue control medicines and add:	How Much to Take	When To Take It
Medicine _____	_____	_____
_____	_____	_____
_____	_____	_____

- 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

Ambulance/Emergency Phone Number: _____

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

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

Continue control medicines and add:	How Much to Take	When To Take It
Medicine _____	_____	_____
_____	_____	_____
_____	_____	_____

- 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

over =