

# Asthma Action Plan



## General Information:

■ Name \_\_\_\_\_

■ Emergency contact \_\_\_\_\_

Phone numbers \_\_\_\_\_

■ Physician/healthcare provider \_\_\_\_\_

Phone numbers \_\_\_\_\_

■ Physician signature \_\_\_\_\_ Date \_\_\_\_\_

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

## 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

### Peak Flow Meter

More than 80% of personal best  
or \_\_\_\_\_

### Control Medications:

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

**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% and 80% of personal best  
or \_\_\_\_\_ to \_\_\_\_\_

**Continue control medicines and add:**

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

**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

**Peak Flow Meter**

Less than 50% of personal best  
or \_\_\_\_\_ to \_\_\_\_\_

**Continue control medicines and add:**

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

**Go to the hospital or call for an ambulance if:**

- Still in the red zone after 15 minutes.
- You have not been able to reach your physician/healthcare 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.