

Asthma Action Plan



General Information:

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

Severity Classification

- Intermittent Moderate Persistent
 Mild Persistent Severe Persistent

Triggers

- Colds Smoke Weather
 Exercise Dust Air Pollution
 Animals Food
 Other _____

Exercise

1. Premedication (how much and when) _____
 2. Exercise modifications _____

Green Zone: Doing Well

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 _____

Peak Flow Meter Personal Best = _____

Control Medications:

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

Yellow Zone: Getting Worse

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 _____

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

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

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 _____

Ambulance/Emergency Phone Number: _____

Continue control medicines and add:

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

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.