

# 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.