

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:

- ☐ 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.