

Asthma Action Plan

Name: _____

DOB: __ / __ / __

Date: _____

Doctor's Name: _____

Phone Number: _____

Emergency Contact: _____

Phone Number: _____

Asthma Severity:

- Intermittent
- Moderate Persistent

- Mild Persistent
- Severe Persistent

Asthma Triggers: _____

Peak Flow Meter Personal Best: _____

- Green means you're doing well - Continue usual maintenance medications
- Yellow means caution you're not 100% - Adjust medication regimen as directed
- Red means you're in the danger zone - Seek medical help immediately

Green Zone Doing Well

Symptoms:

- Breathing is good
- No cough, wheeze, shortness of breath, or chest tightness
- Can perform usual activities
- Sleep is good

Peak Flow: _____
(80 percent or more of my personal best)

Medicine: _____

Directions: _____

Before Exercise: _____

Yellow Zone Getting Worse - Caution

Symptoms:

- Some problems breathing
- Cough, wheeze or tight chest
- Problems performing usual activities
- Often wake up at night due to breathing

Peak Flow: ____ to ____
(Between 50 to 79 percent of my personal best)

Medicine: _____

Directions: _____

If your symptoms (and peak flow) return to the green zone after 1 hour of above treatment

- Continue monitoring

If not:

- Continue green zone medicines

• Add this medicine: _____

Red Zone Get Medical Help Now!

Symptoms:

- Very short of breath
- Emergency inhalers have not helped
- Cannot do usual activities
- Symptoms are the same or get worse after 24 hours in the yellow zone

Peak Flow: _____
(Less than 50 percent of my personal best)

Take Emergency Medicine: _____

Directions: _____

**Then, call your doctor NOW.
If necessary, seek emergency
medical care.**