

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

**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

**Control Medications:**

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

**Peak Flow Meter**

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

**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

**Continue control medicines and add:**

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

**Peak Flow Meter**

Between 50% and 80% of personal best or \_\_\_\_\_ to \_\_\_\_\_

**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

**Continue control medicines and add:**

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

**Peak Flow Meter**

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

**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.