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:

<table>
<thead>
<tr>
<th>Medicine</th>
<th>How Much to Take</th>
<th>When to Take It</th>
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AMERICAN LUNG ASSOCIATION.
### 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:**

<table>
<thead>
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**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:**

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**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.