

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

Green Zone: Doing Well **Peak Flow Meter Personal Best =**

Symptoms	Control Medications:		
Symptoms	Medicine	How Much to Take	When to Take It
<input type="checkbox"/> Breathing is good <input type="checkbox"/> No cough or wheeze <input type="checkbox"/> Can work and play <input type="checkbox"/> Sleeps well at night	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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	Continue control medicines and add:		
Symptoms	Medicine	How Much to Take	When to Take It
<input type="checkbox"/> Some problems breathing <input type="checkbox"/> Cough, wheeze, or chest tight <input type="checkbox"/> Problems working or playing <input type="checkbox"/> Wake at night	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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	Continue control medicines and add:		
Symptoms	Medicine	How Much to Take	When to Take It
<input type="checkbox"/> Lots of problems breathing <input type="checkbox"/> Cannot work or play <input type="checkbox"/> Getting worse instead of better <input type="checkbox"/> Medicine is not helping	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.