

# Asthma Action Plan

An Asthma Action Plan can help you manage your asthma from day to day. It is based on your symptoms and peak flow numbers. Your doctor can tell you when and how often you should take your peak flow reading.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_  
 Controller Medicine: \_\_\_\_\_ Quick-Relief (Rescue) Medicine: \_\_\_\_\_  
 Personal Best Peak Flow: \_\_\_\_\_ Before Exercise Take: \_\_\_\_\_  
 Other: \_\_\_\_\_

## How Are My Symptoms Today?

Breathing is good	You are having a flare-up	You are having a serious flare-up— CALL YOUR DOCTOR NOW!
<p><b>Green Zone: Go</b></p> <ul style="list-style-type: none"> <li>• No cough, wheeze, or shortness of breath</li> <li>• Sleeping through the night</li> <li>• Can do usual activities (work, play)</li> <li>• Don't need quick-relief (rescue) medicine most days</li> </ul> <p>or Peak Flow: _____</p> <p><b>TAKE:</b>  <b>Controller medicine</b></p> <p>Medicine: _____            How much: _____            When: _____</p> <p>Medicine: _____            How much: _____            When: _____</p> <p>Medicine: _____            How much: _____            When: _____</p>	<p><b>Yellow Zone: Caution</b></p> <ul style="list-style-type: none"> <li>• Cough, wheeze, or shortness of breath, chest tightness</li> <li>• Waking at night due to asthma symptoms</li> <li>• Can do some but not all usual activities</li> <li>• Using more quick-relief (rescue) medicine</li> </ul> <p>or Peak Flow: _____</p> <p><b>Continue with Green Zone medicine:</b>  <b>ADD:</b></p> <p>Medicine: _____            How much: _____            When: _____</p> <p>Medicine: _____            How much: _____            When: _____</p> <p>Medicine: _____            How much: _____            When: _____</p>	<p><b>Red Zone: Danger</b></p> <ul style="list-style-type: none"> <li>• Very short of breath, ribs show</li> <li>• Quick-relief (rescue) medicine has not helped</li> <li>• Cannot do usual activities</li> <li>• Symptoms in the yellow zone are the same after 24 hours or are worse</li> </ul> <p>or Peak Flow: _____</p> <p><b>ADD ADDITIONAL:</b></p> <p>Medicine: _____            How much: _____            When: _____</p> <p>Medicine: _____            How much: _____            When: _____</p> <p>Medicine: _____            How much: _____            When: _____</p>

**DANGER**  
 CALL 911 or Go to the Hospital  
 IF

- You have trouble walking or talking
- Your lips or fingernails are blue
- You are feeling faint

Work with your doctor to complete this Asthma Action Plan.  
 Use it every day to manage your asthma symptoms.

