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 __________

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:

Medicine ______________________________
How Much to Take __________________________
When to Take It __________________________

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 __________

Continue control medicines and add:

Medicine ______________________________
How Much to Take __________________________
When to Take It __________________________

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.

Ambulance/Emergency Phone Number:

Call an ambulance immediately if the following danger signs are present:
- Trouble walking/talking due to shortness of breath.
- Lips or fingernails are blue.