

# Asthma Action Plan

Asthma Action Plan for: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Personal Best Peak Flow Meter Score: \_\_\_\_\_

**Asthma Triggers: Try to stay away from or control these things:**

- |                                       |  |   |  |                                 |
|---------------------------------------|--|---|--|---------------------------------|
| <input type="checkbox"/> Animals      | <input type="checkbox"/> Smoke/strong odors    | <input type="checkbox"/> Mold                         | <input type="checkbox"/> Carpet        | <input type="checkbox"/> Pollen |
| <input type="checkbox"/> Cockroaches  | <input type="checkbox"/> Chalk dust/dust       | <input type="checkbox"/> Exercise                     | <input type="checkbox"/> Tobacco smoke |                                 |
| <input type="checkbox"/> Dust mites   | <input type="checkbox"/> Change in temperature | <input type="checkbox"/> Colds/Respiratory infections |  |                                 |
| <input type="checkbox"/> Other: _____ |  |   |  |                                 |

## Green Zone

You are Breathing Your Best.

Peak Flow is greater than \_\_\_\_\_  
(80% of your personal best)

You:

- sleep through the night without coughing or wheezing
- have no early warning signs of an asthma flare-up
- can do usual activities

Take Long-Term CONTROL medications:

\_\_\_\_\_

\_\_\_\_\_

In addition, take the following medication as prescribed.

\_\_\_\_\_

\_\_\_\_\_

Take quick-relief medicines 15 minutes before exercise:

\_\_\_\_\_

\_\_\_\_\_

**Category of Severity**

- Mild Intermittent
- Mild Persistent
- Moderate Persistent
- Severe Persistent

## Yellow Zone

You are **NOT** Breathing Your Best.

Peak Flow is between \_\_\_\_\_ and \_\_\_\_\_  
(50%-80% of your personal best peak flow number)

You may:

- cough or wheeze at night or at school
- have early warning signs of a flare-up
- have trouble doing your usual activities (school, play, work, exercise)
- have early signs of a cold

Take QUICK RELIEF medicines:

\_\_\_\_\_

\_\_\_\_\_

Additional Instructions:

\_\_\_\_\_

Adjust Long-Term CONTROL medicines as follows until back in Green Zone:

\_\_\_\_\_

\_\_\_\_\_

In addition, take the following medication as prescribed.

\_\_\_\_\_

\_\_\_\_\_

**CALL YOUR CARE PROVIDER**

- if you stay in the Yellow zone for more than \_\_\_\_\_ days
- if your symptoms are getting worse
- if you use quick-relief medicine more than every 4 hours.

## Red Zone

CALL YOUR HEALTH CARE PROVIDER NOW!

Peak Flow is less than \_\_\_\_\_  
(50% of your personal best peak flow number)

You may:

- have fast and hard breathing with cough/wheeze
- skin is sucked in between ribs, above your breast bone and collarbone or ribs show when breathing
- have trouble walking/talking
- nostrils open wide

EMERGENCY Medicine Plan:

\_\_\_\_\_

\_\_\_\_\_

Additional Instructions:

\_\_\_\_\_

\_\_\_\_\_

**IF NO IMPROVEMENT,  
CALL YOUR CARE PROVIDER  
OR GO TO THE  
EMERGENCY ROOM**

**CALL 911 IF**

- your nails or lips are blue
- you cannot walk or talk without difficulty breathing
- you cannot stop coughing

PCP: \_\_\_\_\_

Phone: \_\_\_\_\_