

# Asthma Action Plan

Name \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone Numbers \_\_\_\_\_  
 Primary Care Provider (PCP) \_\_\_\_\_ Phone Numbers \_\_\_\_\_  
 PCP Signature \_\_\_\_\_ Date \_\_\_\_\_

| Triggers  | Exercise  |
|---|---|
| <input type="radio"/> Colds <input type="radio"/> Smoke <input type="radio"/> Weather<br><input type="radio"/> Exercise <input type="radio"/> Dust <input type="radio"/> Air Pollution<br><input type="radio"/> Animals <input type="radio"/> Food<br><input type="radio"/> Other _____ | 1. Premedication (how much and when)<br>_____<br>2. Exercise Modifications<br>_____ |

**GREEN ZONE: Doing Well**      **Peak Flow Meter Personal Best:**

| Symptoms   | Control Medications: |                  |                 |
|--|----------------------|------------------|-----------------|
|  | Medicine             | How Much to Take | When to Take It |
| <ul style="list-style-type: none"> <li>● Breathing is good</li> <li>● No cough or wheeze</li> <li>● Can work and play</li> <li>● Sleeps well at night</li> </ul> | _____                | _____            | _____           |
|  | _____                | _____            | _____           |
|  | _____                | _____            | _____           |

**Peak Flow Meter**  
 More than 80% of personal best or \_\_\_\_\_

**YELLOW ZONE: Getting Worse**      Contact PCP if using quick relief more than 2 times per week.

| Symptoms   | Continue Control Medicines and add: |                  |                 |
|--|-------------------------------------|------------------|-----------------|
|  | Medicine                            | How Much to Take | When to Take It |
| <ul style="list-style-type: none"> <li>● Some problems breathing</li> <li>● Cough, wheeze, or chest tight</li> <li>● Problems working or playing</li> <li>● Wake at night</li> </ul> | _____                               | _____            | _____           |
|  | _____                               | _____            | _____           |
|  | _____                               | _____            | _____           |

**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 on 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 PCP 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 PCP within \_\_\_\_\_ hour(s) of modifying your medication routine.

**RED ZONE: Medical Alert!**      **Ambulance/Emergency Phone Number:**

| Symptoms  | Continue Control Medicines and add: |                  |                 |
|---|-------------------------------------|------------------|-----------------|
|   | Medicine                            | How Much to Take | When to Take It |
| <ul style="list-style-type: none"> <li>● Lots of problems breathing</li> <li>● Cannot work or play</li> <li>● Getting worse instead of better</li> <li>● Medicine is not helping</li> </ul> | _____                               | _____            | _____           |
|   | _____                               | _____            | _____           |
|   | _____                               | _____            | _____           |

**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 PCP 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.