

Asthma Action Plan

General Information:

■ Name							
■ Emergency contact					Phone numbers		
Severity Classification	Triggers			Exercise			
Mild Intermittent Mild Persistent	Moderate Persistent Severe Persistent	Colds Exercise	Smoke Dust	Weather Air pollution	Pre-medication (how much and when)		
		Animals Food Other			Exercise modifications		
Green Zone: Doi	ing Well	Peak Flo	w Meter P	ersonal Bes	st =		
Symptoms		Control Medications					
 Breathing is good No cough or wheeze Can work and play Sleeps all night 							
Peak Flow Meter	ersonal best or						
Yellow Zone:	Getting Worse	Contact I	Physician	if using qui	ick relief	more than 2 ti	mes per week.
Symptoms		Continue control medicines and add:					
Some problems breathing Cough, wheeze or chest tight Problems working or playing Wake at night			Medicine				
Peak Flow Meter Between 50 to 80% of personal best or to		IF your symptoms (and peak flow, return to Green Zone after one hou quick relief treatment, THEN Take quick-relief medication every 4 hours for 1 to 2 days Change your long-term control med by Contact your physician for follow-u			of the cines	IF your symptoms (and peak flow, if used) DO NOT return to the GREEN ZONE after 1 hour of the quick relief treatment, THEN Take quick-relief treatment again Change your long-term control medicines by Call your physician/Health Care Provider within hours of modifying your medication routine	
Red Zone: Me	edical Alert	Ambulan	ce/Emerg	ency Phone	Numbe	er:	
Symptoms		Continue control medicines and add:					
 Lots of problems b Cannot work or pla Getting worse inste Medicine is not hel 	ay ead of better	Medicine			How Much to Take		When To Take It
Peak Flow Meter Between 0 to 50% of personal best or to		Go to the hospital or call for an amb o Still in the red zone after 15 minutes o If you have not been able to reach y physician/health care provider for he			our	following dange	ace immediately if the er signs are present g/talking due to shortness ails are blue