

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 Health Care Provider: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Personal Best Peak Flow: \_\_\_\_\_

## ASTHMA ACTION PLAN

### GREEN ZONE:

#### Doing Well

- ✓ No coughing, wheezing, chest tightness, or difficulty breathing
- ✓ Can work, play, exercise, perform usual activities without symptoms
- OR
- ✓ Peak flow \_\_\_\_\_ to \_\_\_\_\_ (80% to 100% of personal best)



Take these medicines every day for control and maintenance:

Medicine	How much to take	When and how often

### YELLOW ZONE:

#### Caution/Getting Worse

- ✓ Coughing, wheezing, chest tightness, or difficulty breathing
- ✓ Symptoms with daily activities, work, play, and exercise
- ✓ Nighttime awakenings with symptoms
- OR
- ✓ Peak flow \_\_\_\_\_ to \_\_\_\_\_ (50% to 80% of personal best)



CONTINUE your Green Zone medicines PLUS take these quick-relief medicines:

Medicine	How much to take	When and how often

**Call your doctor if you have been in the Yellow Zone for more than 24 hours.**

Also call your doctor if: \_\_\_\_\_  
 \_\_\_\_\_

### RED ZONE:

#### Alert!

- ✓ Difficulty breathing, coughing, wheezing not helped with medications
- ✓ Trouble walking or talking due to asthma symptoms
- ✓ Not responding to quick relief medication
- OR
- ✓ Peak flow is less than \_\_\_\_\_ (50% of personal best)



### FOR EXTREME TROUBLE BREATHING/SHORTNESS OF BREATH GET IMMEDIATE HELP!

Take these quick-relief medicines:

Medicine	How much to take	When and how often

**CALL your doctor NOW.**  
**GO to the hospital/emergency department or CALL for an ambulance NOW!**