# Asthma Action Plan

## General Information:
- Name ____________________________ Phone numbers ____________________________
- 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 60% 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 ____________________________

---

## 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 ____________________________

---

## Ambulance/Emergency Phone Number:
- 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.

---

### Control Medications:

<table>
<thead>
<tr>
<th>Medicine</th>
<th>How Much to Take</th>
<th>When to Take It</th>
</tr>
</thead>
</table>

### Contact physician if using quick relief more than 2 times per week.

Continue control medicines and add:

<table>
<thead>
<tr>
<th>Medicine</th>
<th>How Much to Take</th>
<th>When to Take It</th>
</tr>
</thead>
</table>

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.