

# Asthma Action Plan

Medical Record #:

Updated On:

[To be completed by health care provider]

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Emergency Contact/Phone \_\_\_\_\_

Health Care Provider Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Asthma Severity:  Intermittent  Mild Persistent  Moderate Persistent  Severe Persistent

Asthma Triggers:  Colds  Exercise  Animals  Dust  Smoke  Food  Weather  Other

## If Feeling Well

(Green Zone)

### Take Every Day Long – Term Control Medicines

You have all of these:

- Breathing is good
- No cough or wheeze
- Can work / play
- Sleeps all night

Peak flow in this area:  
\_\_\_\_\_ to \_\_\_\_\_

MEDICINE:	HOW MUCH:	WHEN TO TAKE IT:

*5-15 minutes before exercise use this medicine*

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## If Not Feeling Well

(Yellow Zone)

### Take Every Day Medicines and Add these Quick-Relief Medicines

You have any of these:

- Cough
- Wheeze
- Tight chest
- Coughing at night

Peak flow in this area:  
\_\_\_\_\_ to \_\_\_\_\_

MEDICINE:	HOW MUCH:	WHEN TO TAKE IT:

*Call doctor if these medicines are used more than two days a week.*

## If Feeling Very Sick

(Red Zone)

### Take These Medicines and Get help from a Doctor NOW!

Your asthma is getting worse fast:

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Can't walk or talk well
- Ribs show

Peak flow reading below:  
\_\_\_\_\_

MEDICINE:	HOW MUCH:	WHEN TO TAKE IT:

*SEEK EMERGENCY CARE or CALL 911 NOW if: Lips are bluish, Getting worse fast, Hard to breathe, Can't talk or cry because of hard breathing or has passed out*

**Make an appointment with your primary care provider within two days of an ER visit or hospitalization**

Health Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient/Guardian Signature [I have read and understood these instructions] \_\_\_\_\_ Date \_\_\_\_\_

