

# ASTHMA ACTION PLAN

Name: ..... Date: .....

Emergency Contact: ..... Relationship: .....

Cell Phone: ..... Work Phone: .....

Healthcare Provider: ..... Phone Number: .....

Personal Best Peak Flow: .....

## GREEN ZONE:

### Doing well

- ✓ No coughing, wheezing chest tightness, or difficulty breathing
- ✓ Can work, play, exercise and 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, working, playing 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, and wheezing not helped with medication
- ✓ 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.**