Asthma Action Plan

General Information:
- Name _____________________________________________________________________________________________________
- Emergency contact ______________________________________________________ Phone numbers _________________________
- Physician/healthcare provider ____________________________________________ Phone numbers _________________________
- Physician signature _____________________________________________________ Date _________________________________

Severity Classification
- Intermittent ◐
- Moderate Persistent ◐
- Mild Persistent ◐
- Severe Persistent ◐
- Colds ◐
- Smoke ◐
- Weather ◐
- Exercise ◐
- Dust ◐
- Air Pollution ◐
- Animals ◐
- Food ◐
- Other ◐

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 80% of personal best or __________

Peak Flow Meter Personal Best =

Control Medications:
<table>
<thead>
<tr>
<th>Medicine</th>
<th>How Much to Take</th>
<th>When to Take</th>
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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 __________

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

Continue control medicines and add:
<table>
<thead>
<tr>
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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.

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:

Continue control medicines and add:
<table>
<thead>
<tr>
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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.