



Asthma Action Plan

General Information

■ Name _____ Date _____
■ Parent/Guardian Name _____ Phone numbers _____
■ Physician/healthcare Provider _____ Phone numbers _____
■ Physician Signature _____ Parent Signature _____

Severity Classification

☐ Intermittent ☐ Intermittent
☐ Intermittent ☐ Intermittent

☐ Colds ☐ Smoke ☐ Weather
☐ Exercise ☐ Dust ☐ Air Pollution
☐ Animals ☐ Food ☐ Other

1. Premeditation (how much and when)

2. Exercise modifications

Green Zone: Doing Well

Peak Flow Meter Personal Best = _____

Symptoms

- ☐ Breathing is good
- ☐ No cough or wheeze
- ☐ Can work and play
- ☐ Sleeps well at night

Control Medications

Medicine	How Much to Take	When to Take it

Peak Flow Meter

More than 80% of personal best or _____

Yellow Zone: Getting Worse

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

Symptoms

- ☐ Some problems breathing
- ☐ Cough, wheeze, or chest tight
- ☐ Problems working or playing
- ☐ Waking at night

Continue control medications and add:

Medicine	How Much to Take	When to Take it

Peak Flow Meter

Between 50% of Personal best or _____ to _____

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 medication 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

Ambulance/Emergency Phone Number: _____

Symptoms

- ☐ Lots of problems breathing
- ☐ Cannot work or play
- ☐ Getting worse instead of better
- ☐ Medicine is not helping

Continue Control Medications

Medicine	How Much to Take	When to Take it

Go to the hospital or call for an ambulance if: **Call the ambulance immediately if the**

Peak Flow Meter

Less than 50% of personal best or _____ to _____

- ☐ Still in the red zone after 15 min.
- ☐ You have not been able to reach your physician/healthcare provider for help.

following danger signs are present:

- ☐ Trouble walking/talking due to shortness of breath
- ☐ Lips or fingernails are blue