Name:	Date:
Emergency Contact:	Relationship:
Cell phone: Work ph	one:
Health Care Provider:	Phone number:
Personal Best Peak Flow:	

ASTHMA ACTION PLAN	Cell phone:	Phone number:	
GREEN ZONE:  Doing Well  ✓ No coughing, wheezing, chest tightness, or difficulty breathing  ✓ Can work, play, exercise, 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:	CONTINUE your Green Zone medicines PLUS take these quick	:-relief medicines:	

## Caution/Getting Worse

- ✓ Coughing, wheezing, chest tightness, or difficulty breathing
- ✓ Symptoms with daily activities, work, play, and exercise
- ✓ Nighttime awakenings with symptoms

## ÓR

✓ Peak flow \_\_\_\_\_ to \_\_\_\_ (50% to 80% of personal best)

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, wheezing not helped with medications
- ✓ 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!