

School-based Antergy Management PROgramTM

ASTHMA ACTION PLAN

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GREEN ZONE:	Take t	Take these medicines every day for control and maintenance:				
Doing Well ^ No coughing, wheezing, chest		Medicine	How much to take	When and how often		
tightness, or difficulty breathing						
Can work, play, exercise, perform usual activities without symptoms						
OR to						
(80% to 100% of personal best)						

Personal Best Peak Flow:

CONTINUE your Green Zone medicines PLUS take these quick-relief medicines: YELLOW ZONE: Caution/Getting Worse ✓ Coughing, wheezing, chest tightness, or difficulty breathin ✓ 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			
g								
δ,								
Call your doctor if you have been in the Yellow Zone for more than 24 hours.								
			Also call your doctor if:					

Cell phone: ______ Work phone: _____

Health Care Provider: ______ Phone number: _____

Name:

FOR EXTREME TROUBLE BREATHING/SHORTNESS OF BREATH GET IMMEDIATE HELP! **RED ZONE:** Alert! Take these quick-relief medicines: ✓ Difficulty breathing, coughing, Medicine When and how often wheezing not helped with How much to take medications ✓ Trouble walking or talking due to asthma symptoms ✓ Not responding to quick relief medication OR CALL your doctor NOW. ✓ Peak flow is less than _____ GO to the hospital/emergency department or CALL for an ambulance NOW! (50% of personal best)

This information is for general purposes and is not intended to replace the advice of a qualified health professional. For more information on asthma, visit www.aaaai.org. @ 2011 American Academy of Allergy, Asthma & Immunology

Date: