

Name:	Date:
Emergency Contact:	Relationship:
Cell phone:	Work phone:
Health Care Provider:	Phone number:
Personal Best Peak Flow:	<u> </u>

ASTHMA ACTION PLAN

GREEN ZONE:	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			
<i>OR</i> ✓ Peak flow to			
(80% to 100% of personal best)			

YELLOW ZONE:

Caution/Getting Worse

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

 OR
- ✓ Peak flow ____ to ___ (50% to 80% of personal best)

CONTINUE	our Green	7one me	edicines	PILIS	take these	quick-relief	medicines
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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!

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