

YOUR ASTHMA ACTION PLAN

To be completed by you and your doctor.

Your Name _____ Date _____
Doctor's Name _____ Emergency Department Phone # (____) _____
Doctor's Phone # (____) _____ Emergency Department Address _____

HOW YOU FEEL

Your Personal Best peak flow number is:

WHAT YOU SHOULD DO

GREEN ZONE

Your peak flow is **greater than 80%** of personal best

You are feeling well:

- Able to participate in everyday activities
- Able to work
- Able to play
- Able to go to school
- Asthma does not interfere with sleep

- ☐ Use your Peak Flow Meter
- ☐ Take the following medicines: _____

- ☐ Take _____ before exercising.
- ☐ List and avoid the following triggers: _____

- ☐ List your early warning signs: _____

YELLOW ZONE

Your peak flow is **between 60 - 80%** of personal best

You are having asthma symptoms such as:

- Cough
- Wheezing
- Shortness of breath
- Chest tightness

You may have:

- Difficulty with normal activities
- Nighttime asthma symptoms

- ☐ Take _____ puffs of your inhaled, quick-relief bronchodilator _____ or use your nebulizer _____. Repeat _____.
- ☐ Take _____ puffs of your inhaled, anti-inflammatory medicine _____, ____ x / day, for ____ days, or until your peak flow is back to _____.
- ☐ Ask your doctor if you need to begin or increase oral steroids _____.
- ☐ Continue taking your daily medications.
- ☐ Stop taking _____ medicine.
- ☐ Call your doctor.

RED ZONE

Your peak flow is **below 60%** of personal best

Your asthma symptoms are worse and may include:

- Extreme shortness of breath
- Difficulty talking
- Pulling of neck & chest muscles
- Blueness around your lips or fingertips
- Severely limited activities
- Asthma medicines are **not** working

- ☐ Take _____ puffs of your inhaled, quick-relief bronchodilator _____ **or** nebulizer **NOW**. Repeat _____ times.
- ☐ Take oral steroids as follows: _____

- ☐ Call your doctor **NOW** _____.
- ☐ **If you cannot reach your doctor, and you are still in the red zone, go to the Emergency Room or call 911.**

Always call your doctor if:

Eligible for flu shot ☐ yes ☐ no

- You don't return to your yellow or green zone after following the above treatment.
- Your quick-relief inhaled bronchodilators are needed more often than every four hours.

Patient Signature: _____ Date: _____

Doctor Signature: _____ Date: _____