



ASTHMA ACTION PLAN

Update yearly and as needed

Patient Name: _____
(Last and First)

Date of Birth: _____

GREEN ZONE

YOUR ASTHMA IS IN GOOD CONTROL IF:

- You do not wheeze, cough, feel tight or have trouble breathing with your usual activities, with exercise, or at night.
- You require your reliever medicine less than four times per week
Your peak flow is between _____ and _____ (85% to 100% of personal best)

Personal best or predicted peak flow _____

Action:

- Avoid your personal asthma triggers
- Avoid tobacco smoke exposure
- Yearly flu immunization
- Watch for asthma symptoms
- If you have symptoms with exercise take _____ 15 minutes beforehand and remember to warm up and cool down with exercise
- Check your peak flow _____ per day
- Controller(s): _____
- Reliever(s): _____
- Other Actions: _____

YELLOW ZONE

YOUR ASTHMA CONTROL IS DECREASING IF:

- You wheeze, cough, feel tight or have trouble breathing with your usual activities, with exercise or at night
- You develop cold symptoms
- You require your reliever medicine four or more three times per week
- Your peak flow is between _____ and _____ (60% to 85% of personal best)

Action:

- Avoid your personal asthma triggers
- Avoid tobacco smoke exposure
- Check your peak flow _____ per day if not already doing so
- Controller(s): _____
- Reliever(s): _____
- Other Actions: _____
- Seek medical attention if your asthma control is not improving **within 2 or 3 days**

ORANGE ZONE

YOUR ASTHMA IS OUT OF CONTROL IF:

- You wheeze, cough, feel tight or have trouble breathing even at rest
- Your symptoms are interrupting your sleep
- You require your reliever medicine more than four times in twenty four hours
- Your peak flow is below _____ (60% of personal best)

Action:

- Avoid your personal asthma triggers
- Avoid tobacco smoke exposure
- Check your peak flow _____ per day if not already doing so
- Controller(s): _____
- Reliever(s): _____
- Other Actions: _____
- Seek medical attention if your asthma control is not improving **within 12-24 hours**

RED ZONE

YOU ARE IN THE DANGER ZONE IF:

- You are getting little relief to no relief in 20 to 30 minutes after your reliever medicine
- You are struggling to breathe or having trouble walking or talking
- Your lips or fingernails are turning blue

Action:

- Call 911 or go to the nearest emergency department immediately
- You can repeat your reliever medicine every _____ minutes times _____ doses while assistance is being arranged

Prepared by: _____ M.D./RT/CAE Date: _____ Appointments: _____

Physician Signature: _____