Asthma Action Plan

AMERICAN LUNG ASSOCIATION®

General Information:

- Name _____
- Emergency contact _____ Phone numbers _____
- Physician/Health Care Provider _____ Phone numbers _____

- Physician Signature _____ Date _____

Severity Classification	Triggers		Exercise
○ Mild Intermittent ○ Moderate Persistent ○ Mild Persistent ○ Severe Persistent	○ Colds ○ Smoke ○ Weather ○ Exercise ○ Dust ○ Air pollution ○ Animals ○ Food ○ Other _____		1. Pre-medication (how much and when) _____ _____ 2. Exercise modifications _____ _____

Green Zone: Doing Well

Peak Flow Meter Personal Best =

Symptoms
- Breathing is good
- No cough or wheeze
- Can work and play
- Sleeps all night

Peak Flow Meter

More than 80% of personal best or _____

Control Medications

Medicine	How Much to Take	When To Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

Yellow Zone: Getting Worse

Contact Physician if using quick relief more than 2 times per week.

Symptoms
- Some problems breathing
- Cough, wheeze or chest tight
- Problems working or playing
- Wake at night

Peak Flow Meter

Between 50 to 80% of personal best or

_____ to _____

Continue control medicines and add:

Medicine	How Much to Take	When To Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF your symptoms (and peak flow, if used) return to Green Zone after one hour of the quick relief treatment, THEN
- ○ Take quick-relief medication every 4 hours for 1 to 2 days
- ○ Change your long-term control medicines by

  _____
- ○ Contact your physician for follow-up care

IF your symptoms (and peak flow, if used) DO NOT return to the GREEN ZONE after 1 hour of the quick relief treatment, THEN
- ○ Take quick-relief treatment again
- ○ Change your long-term control medicines by

  _____
- ○ Call your physician/Health Care Provider within _____ hours of modifying your medication routine

Red Zone: Medical Alert

Ambulance/Emergency Phone Number:

Symptoms
- Lots of problems breathing
- Cannot work or play
- Getting worse instead of better
- Medicine is not helping

Peak Flow Meter

Between 0 to 50% of personal best or

_____ to _____

Continue control medicines and add:

Medicine	How Much to Take	When To Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

Go to the hospital or call for an ambulance if
- ○ Still in the red zone after 15 minutes
- ○ If you have not been able to reach your physician/health care provider for help
- ○ _____

Call an ambulance immediately if the following danger signs are present
- ○ Trouble walking/talking due to shortness of breath
- ○ Lips or fingernails are blue