Asthma Action Plan



Fill out this action plan with your doctor or nurse at your next visit.

Your Name	Your Emergency C	Your Emergency Contact: Name and Telephone Number		
Your Doctor's Name	Your Doctor's Telep	Your Doctor's Telephone Number		
Your Personal Best Peak Flow:_	Dat	Date of Action Plan:		
GREEN ZONE - No symptoms: You're doing well!				
Peak flow From: To: 80% to 100% of personal best	Medicine Controller or Quick-Relief R Actions: Take your controller medicine(s Take your quick-relief medicine			or.
YELLOW ZONE - Caution: Your asthma is not in control.				
You may have any of these: • Mild wheezing • Shortness of breath • Coughing • Walking at night with symptoms Peak flow From: To: 80% to 100% of personal best	Actions: □ Inhalepuff(s) of your quick-relief medicine everyminutes for up tohours. □ Or use nebulizer If your symptoms don't get better (or your peak flow has not returned to the green zone) in 1 hour then: □ Use your quick-relief medicine. Inhalepuff(s) everyhours. □ Add your oral steroid tablets Takemgtimes a day fordays. □ Call your doctor withinhours after taking your oral steroid tablets.			
RED ZONE - Medical Alert: Get help right away!				
You may have any of these: • Breathing is hard and fast • Very short of breath • Using chest and neck muscles to breathe • Fingernails or lips are blue Peak flow Below: Less than 50% of personal best	Actions: Use your quick-relief medicing Call your doctor NOW! Call 911 or go to the emergence reach your doctor. DO NOT W	y room if you ca	nnot	