

Asthma Action Plan

Work with your healthcare provider to complete this asthma action plan. It can help you know what to do each day to help manage asthma.

- Each day, find your zone based on your asthma symptoms and peak flow number (if peak flow meter used).
- Then follow the medicine instructions below for your zone, as directed by your provider.
- Use your peak flow meter as often as your provider tells you.

How Are My Symptoms Today?

Name: _____
 Date: _____
 Provider's Name: _____
 Provider's Phone No.: _____
 Daily Preventive Asthma Medicine: _____
 Rescue Inhaler Medicine: _____
 Before Exercise Take: _____
 Personal Best Peak Flow: _____
 Asthma Control Test™* or
 Childhood Asthma Control Test† Score: _____

*Asthma Control Test is a trademark of QualityMetric Incorporated.
 †The Childhood Asthma Control Test was developed by GlaxoSmithKline.

Green Zone: Go	Yellow Zone: Caution	Red Zone: Danger
<p>Breathing is good</p> <ul style="list-style-type: none"> • No cough, wheeze, shortness of breath, or chest tightness • Sleeping through the night • Can do usual activities (work, play) • Generally don't need rescue inhaler medicine 	<p>My symptoms are getting worse</p> <ul style="list-style-type: none"> • Cough, wheeze, shortness of breath, or chest tightness • Waking at night due to asthma symptoms • Can do some—but not all—usual activities • Using more rescue inhaler medicine 	<p>I am having serious symptoms</p> <p>CALL YOUR PROVIDER NOW!</p> <ul style="list-style-type: none"> • Very short of breath; ribs show • Rescue inhaler medicine does not help • Can't do usual activities • Or symptoms have remained in the yellow zone for 24 hours or longer
Peak Flow is: _____	Peak Flow is: _____	Peak Flow is: _____
TAKE: Daily Preventive Asthma Medicine	Continue Green Zone Medicine, and ADD:	ADD Red Zone Medicine:
Medicine: _____ How much: _____ When: _____	Medicine: _____ How much: _____ When: _____	Medicine: _____ How much: _____ When: _____
Medicine: _____ How much: _____ When: _____	Medicine: _____ How much: _____ When: _____	Medicine: _____ How much: _____ When: _____
Medicine: _____ How much: _____ When: _____	Medicine: _____ How much: _____ When: _____	Medicine: _____ How much: _____ When: _____
I will avoid triggers or things that make my asthma symptoms worse, like: _____		

DANGER

CALL 911 or GO to the hospital if:

- You have trouble walking or talking, *or*
- Your lips or fingernails are blue, *or*
- You feel faint

Use your asthma action plan every day. Review your plan with your healthcare provider every 3 to 6 months. Share your plan with family, friends, teachers, coaches, neighbors, and babysitters.