

My Asthma Action Plan

My Name:

Doctor's name:

Doctor's phone:

GREEN ZONE <i>This is where I want to be!</i>	YELLOW ZONE <i>My asthma is getting worse.</i>	RED ZONE <i>Danger!</i>
Symptoms <ul style="list-style-type: none"> I have no shortness of breath, cough, wheezing, or chest tightness. I can do all of my usual activities. I sleep well at night. 	Symptoms <ul style="list-style-type: none"> I'm coughing or wheezing or have chest tightness or shortness of breath. Symptoms keep me up at night. I can do some but not all of my usual activities. 	Symptoms <ul style="list-style-type: none"> I'm very short of breath. I can't do my usual activities. Quick-relief medicine doesn't help, or my symptoms don't get better after 24 hours in the yellow zone.
Peak flow (if I use a peak flow meter) <ul style="list-style-type: none"> _____ or more (80% or more of my personal best) 	Peak flow (if I use a peak flow meter) <ul style="list-style-type: none"> _____ to ____ (50% to 79% of my personal best) 	Peak flow (if I use a peak flow meter) <ul style="list-style-type: none"> _____ or lower (less than 50% of my personal best)
Actions <ul style="list-style-type: none"> <input type="checkbox"/> Take controller medicine(s) every day. <input type="checkbox"/> Avoid asthma triggers. <input type="checkbox"/> _____ minutes before exercise, take quick-relief medicine called _____. 	Actions <ul style="list-style-type: none"> <input type="checkbox"/> Take _____ puff(s) of my quick-relief medicine called _____. Repeat _____ times. <input type="checkbox"/> If my symptoms don't get better or my peak flow has not returned to the green zone in 1 hour, then: <ul style="list-style-type: none"> <input type="checkbox"/> Take _____ puff(s) of my medicine called _____. Take it _____ times a day. <input type="checkbox"/> Begin or increase treatment with corticosteroid pills. Take _____ mg of _____ every _____. <input type="checkbox"/> Call my doctor at _____. 	Actions <ul style="list-style-type: none"> <input type="checkbox"/> Take _____ puff(s) of my quick-relief medicine called _____. Repeat _____ times. <input type="checkbox"/> Begin or increase treatment with corticosteroid pills. Take _____ mg now. <input type="checkbox"/> Call my doctor at _____. If I cannot contact my doctor, I need to go to the emergency department. Call 911 or _____. <input type="checkbox"/> Other numbers I might call are _____, _____, _____. <p>EMERGENCY: If it's hard to walk or talk because of shortness of breath or if my lips or fingertips are blue, I need to CALL 911 or go to the hospital for help right away.</p>

My Asthma Action Plan: Medicines

Controller medicine	How much?	How often?	Other instructions
Quick-relief medicine	How much?	How often?	Other instructions

Credits for My Asthma Action Plan

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