My Asthma Action Plan

You can complete the highlighted fields on this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

My Name: _____

Doctor's Name: _____

Doctor's Phone: _____

Controller Medicine	How Much?	How Often?	Other Instructions

Quick-Relief Medicine	How Much?	How Often?	Other Instructions

Green Zone This is where I want to be!	Yellow Zone My asthma is getting worse.	Red Zone Danger!

Symptoms
• I have no shortness of breath, cough, wheezing, or chest tightness.
• I can do all of my usual activities.
• I sleep well at night.
 	
Peak flow (if I use a peak flow meter)
• _____or more (80% or more of my personal best)
 	
Actions
☐ Take controller medicine(s) every day.
☐ Avoid asthma triggers.
☐ _____minutes before exercise, take quick-relief medicine called
_____.
	Symptoms
	• 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.
	
	Peak flow (if I use a peak flow meter)
	• ___ to ___ (50% to 79% of my personal best)
	
	Actions
	☐ Take_____puff(s) of my quick-relief medicine called
	_____.
	Repeat___times.
	☐ If my symptoms don't get better or my peak flow has not returned to the green zone in 1 hour, then:
	  ☐ Take_____puff(s) of my medicine called
	  _____.
	  Take it_____times a day.
	☐ Begin or increase treatment with corticosteroid pills. Take ____mg of _____ ____ times a day.
	☐ Call my doctor at
	_____.
		Symptoms
		• 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)
		• ___ or lower (less than 50% of my personal best)
		
		Actions
		☐ Take_____puff(s) of my quick-relief medicine called _____.
		Repeat_____times.
		☐ Begin or increase treatment with corticosteroid pills. Take _____ mg now.
		☐ Call my doctor at_____.
		If I cannot contact my doctor, I need to go to the emergency department. **Call 911** or
		_____.
		☐ Other numbers I might call are:
		_____
		_____
		
		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 right away.

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