

## Asthma Action Plan

Check Asthma Severity: ☐ Mild Intermittent ☐ Mild Persistent ☐ Moderate Intermittent ☐ Moderate Persistent

Patient's Name	DOB	Effective Date __/__/__ to __/__/__
Doctor's Name	Parent/Guardian's Name	
Doctor's Office Tel. No.	Parent/Guardian's Tel. No.	
Emergency Contact after Parent	Contact Tel. No.	



Personal Best Peak Flow: \_\_\_\_\_  
Personal Peak Flow Ranges

**RED** means Danger Zone!  
Get help from a Doctor \_\_\_\_\_

**Yellow** means Caution Zone!  
Add prescribed yellow medicine \_\_\_\_\_

**Green** means Go Zone!  
Use preventive medicine \_\_\_\_\_

### GO (Green)

—————> Use these medications everyday:

You have **all** of these:

- Breathing is good.
- Sleep through the night.
- Can work and play.

And or  
personal  
peak  
flow  
80%

Medicine / Dosage	How much to take	When to take it
Comments:		
For exercise, take:		

### CAUTION (Yellow)

—————> Continue with green zone medicine and ADD:

You have **any** of these:

- First sign of a cold.
- Exposure to a known trigger.
- Cough.
- Mild wheeze.
- Tight chest.
- Cough at night.

And or  
personal  
peak  
flow  
80%  
  
to 50%

Medicine / Dosage	How much to take	When to take it
Comments:		

If Quick Reliever/ Yellow Zone medicines are used more than 2 to 3 times per week, **CALL your Doctor.**

### DANGER (Red)

—————> Take these medicines and call your Doctor:

Your asthma is getting **worst** fast:

- Medicine is not helping within 15-20 minutes.
- Breathing is hard and fast.
- Nose open wide.
- Ribs show.
- Lips are blue.
- Fingernails are blue.
- Trouble walking and talking.

And or  
personal  
peak  
flow  
50%

Medicine / Dosage	How much to take	When to take it
Comments:		

### GET HELP FROM YOUR DOCTOR NOW!!

If you cannot contact your doctor, go directly to the Emergency Room.  
**DO NOT WAIT.**

### Trigger Lists:

- ☐ Chalk dust
- ☐ Cigarette smoke
- ☐ Cold/Flu
- ☐ Dust or dust mites
- ☐ Stuffed animals
- ☐ Carpet
- ☐ Exercise
- ☐ Mold
- ☐ Ozone alert days
- ☐ Pests
- ☐ Pets
- ☐ Plants, flowers, cut grass, pollen
- ☐ Strong odors, perfume, cleaning products
- ☐ Sudden temperature change
- ☐ Wood smoke
- ☐ Foods:

☐ Others: