

# 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><b>Breathing is good</b></p> <ul style="list-style-type: none"> <li>• No cough, wheeze, shortness of breath, or chest tightness</li> <li>• Sleeping through the night</li> <li>• Can do usual activities (work, play)</li> <li>• Generally don't need rescue inhaler medicine</li> </ul> <p>Peak Flow is: _____</p> <p><b>TAKE: Daily Preventive Asthma Medicine</b></p> <p>Medicine: _____                      How much: _____                      When: _____</p> <p>Medicine: _____                      How much: _____                      When: _____</p> <p>Medicine: _____                      How much: _____                      When: _____</p> <p>I will avoid triggers or things that make my asthma symptoms worse, like: _____</p>	<p><b>My symptoms are getting worse</b></p> <ul style="list-style-type: none"> <li>• Cough, wheeze, shortness of breath, or chest tightness</li> <li>• Waking at night due to asthma symptoms</li> <li>• Can do some—but not all—usual activities</li> <li>• Using more rescue inhaler medicine</li> </ul> <p>Peak Flow is: _____</p> <p><b>Continue Green Zone Medicine, and ADD:</b></p> <p>Medicine: _____                      How much: _____                      When: _____</p> <p>Medicine: _____                      How much: _____                      When: _____</p> <p>Medicine: _____                      How much: _____                      When: _____</p>	<p><b>I am having serious symptoms</b></p> <p><b>CALL YOUR PROVIDER NOW!</b></p> <ul style="list-style-type: none"> <li>• Very short of breath; ribs show</li> <li>• Rescue inhaler medicine does not help</li> <li>• Can't do usual activities</li> <li>• Or symptoms have remained in the yellow zone for 24 hours or longer</li> </ul> <p>Peak Flow is: _____</p> <p><b>ADD Red Zone Medicine:</b></p> <p>Medicine: _____                      How much: _____                      When: _____</p> <p>Medicine: _____                      How much: _____                      When: _____</p> <p>Medicine: _____                      How much: _____                      When: _____</p> <div style="background-color: #FF0000; color: white; padding: 5px; font-weight: bold;"> <p><b>DANGER</b>                      CALL 911 or GO to the hospital if:</p> <ul style="list-style-type: none"> <li>• You have trouble walking or talking, or</li> <li>• Your lips or fingernails are blue, or</li> <li>• You feel faint</li> </ul> </div>

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.