Asthma Action Plan

| For: | Doctor: | | Date: |
|--|--|--|---------------------------|
| Doctor's Phone Number | Hospital/Emergency I | Hospital/Emergency Department Phone Number | |
| Doing Well No cough, wheeze, chest tightness, or shortness of breath during the day or night Can do usual activities | Medicine | nedicines each day (include an anti-in How much to take | When to take it |
| And, if a peak flow meter is used, Peak flow: more than | | <u> </u> | |
| Before exercise | | 2 or 34 puffs | 5 minutes before exercise |
| Asthma Is Getting Worse Cough, wheeze, chest tightness, or shortness of breath, or Waking at night due to asthma, or Can do some, but not all, usual activities Or- Peak flow: to (50 to 79 percent of my best peak flow) | Add: quick-relief medicine—and keep taking your GREEN ZONE medicine. 2 or | | |
| Wedical Alert! Very short of breath, or Cuick-relief medicines have not helped, or Cannot do usual activities, or Symptoms are same or get worse after 24 hours in Yellow Zone -Or- Peak flow: less than (50 percent of my best peak flow) | (oral s Then call your doctor NOW. Go You are still in the red zone after You have not reached your doc | tor. | |
| DANGER SIGNS Trouble walking and talking Lips or fingernails are blue | due to shortness of breath | ■ Take □ 4 or □ 6 puffs of your qu ■ Go to the hospital or call for an | ick-relief medicine AND |