

+ asthma action plan



Name: _____

My Personal Best Peak Flow is : _____

Date of birth: _____

Doctor name: _____

Doctor phone: _____

Emergency contact: _____

Emergency phone: _____

My Triggers

pollen exercise mold cold/flu

dust mites weather animals air pollution

smoke food other _____

If exercise or playing sports triggers your asthma take :

Medicine: _____

How much: _____

When: _____

Additional instructions: _____

HEALTHY

GREEN ZONE



Symptoms

Breathing is Easy
No Cough or Wheeze
Can Do Usual Activities
Can Sleep through the Night

Peak Flow from _____ to _____

My Daily Control Medications

Medicine	How Much	How Often / When

CAUTION

YELLOW ZONE



Symptoms

Some Shortness of Breath
Cough, Wheeze or Chest Tightness
Some Difficulty Doing Usual Activities
Sleep Disturbed by Symptoms
Symptoms of a Cold or Flu

Peak Flow from _____ to _____

The Caution Zone Plus Quick Relief

Medicine	How Much	How Often / When

Call your Doctor if

EMERGENCY

RED ZONE



Symptoms

Severe Breathing Problems
Cannot Do Usual Activities
Difficulty Walking and Talking
Rescue Medicine is Not Helping

Peak Flow from _____ to _____

The Danger Zone Take this Medicine and Call the Doctor Now!

Medicine	How Much	How Often / When

Take these medicines **NOW** and **CALL 911** immediately!