

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!
<p>Symptoms</p> <ul style="list-style-type: none"> I have no shortness of breath, cough, wheezing, or chest tightness. I can do all of my usual activities. I sleep well at night. <p>Peak flow (if I use a peak flow meter)</p> <ul style="list-style-type: none"> _____ or more (80% or more of my personal best) <p>Actions</p> <p>Take controller medicine(s) every day.</p> <p>Avoid asthma triggers.</p> <p>_____ minutes before exercise, take quick-relief medicine called _____.</p>	<p>Symptoms</p> <ul style="list-style-type: none"> 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. <p>Peak flow (if I use a peak flow meter)</p> <ul style="list-style-type: none"> ___ to ___ (50% to 79% of my personal best) <p>Actions</p> <p>Take _____ puff(s) of my quick-relief medicine called _____.</p> <p>Repeat ___ times.</p> <p>If my symptoms don't get better or my peak flow has not returned to the green zone in 1 hour, then:</p> <p>Take _____ puff(s) of my medicine called _____.</p> <p>Take it _____ times a day.</p> <p>Begin or increase treatment with corticosteroid pills. Take _____ mg of _____</p> <p>_____ times a day.</p> <p>Call my doctor at _____.</p>	<p>Symptoms</p> <ul style="list-style-type: none"> 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. <p>Peak flow (if I use a peak flow meter)</p> <ul style="list-style-type: none"> ___ or lower (less than 50% of my personal best) <p>Actions</p> <p>Take _____ puff(s) of my quick-relief medicine called _____.</p> <p>Repeat _____ times.</p> <p>Begin or increase treatment with corticosteroid pills. Take _____ mg now.</p> <p>Call my doctor at _____.</p> <p>If I cannot contact my doctor, I need to go to the emergency department. Call 911 or _____.</p> <p>Other numbers I might call are:</p> <p>_____</p> <p>_____</p> <p>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.</p>



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