

FIGURE 3–10a. SAMPLE ASTHMA ACTION PLAN

# My Asthma Action Plan

Patient Name: \_\_\_\_\_

Medical Record #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ DOB: \_\_\_\_\_


Physician's Phone #: \_\_\_\_\_ Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Long-Term-Control Medicines	How Much To Take	How Often	Other Instructions
		_____ times per day <b>EVERY DAY!</b>	
		_____ times per day <b>EVERY DAY!</b>	
		_____ times per day <b>EVERY DAY!</b>	
		_____ times per day <b>EVERY DAY!</b>	
Quick-Relief Medicines	How Much To Take	How Often	Other Instructions
		Take <b>ONLY</b> as needed	NOTE: If this medicine is needed frequently, call physician to consider increasing long-term-control medications.

Special instructions when I feel ● **good**, ● **not good**, and ● **awful**.

**GREEN ZONE**

I feel **good**.  
(My peak flow is in the GREEN zone.)




**YELLOW ZONE**

I do **not feel good**.  
(My peak flow is in the YELLOW zone.)

My symptoms may include one or more of the following:

- Wheeze
- Tight chest
- Cough
- Shortness of breath
- Waking up at night with asthma symptoms
- Decreased ability to do usual activities





**RED ZONE**

I feel **awful**.  
(My peak flow is in the RED zone.)

Warning signs may include one or more of the following:

- It's getting harder and harder to breathe
- Unable to sleep or do usual activities because of trouble breathing





**PREVENT** asthma symptoms everyday.

- Take my long-term-control medicines (above) every day.
- Before exercise, take \_\_\_\_\_ puffs of \_\_\_\_\_
- Avoid things that make my asthma worse like: \_\_\_\_\_

**CAUTION.** I should continue taking my long-term-control asthma medicines every day AND:

- Take \_\_\_\_\_

If I still do not feel good, or my peak flow is not back in the *Green Zone* within 1 hour, then I should:

- Increase \_\_\_\_\_
- Add \_\_\_\_\_
- Call \_\_\_\_\_

**MEDICAL ALERT! Get help!**

- Take \_\_\_\_\_ until I get help immediately.
- Take \_\_\_\_\_
- Call \_\_\_\_\_

**Danger! Get help immediately!** Call 9–1–1 if you have trouble walking or talking due to shortness of breath or lips or fingernails are gray or blue.