Asthma Action Plan

Patient Name	————Weight ——— Date of Birth ————	—— Peak Flow————
Doctor's Name —	Phone —	Asthma Severity
Doctor's Clinic Name		
Symptom Triggers		
Green Zone "Go! All Clear!" Breathing is easy Can play, work and sleep without asthma symptoms	The GREEN ZONE means take the following medic Controller Medicine(s) ———————————————————————————————————	ine(s) every day. Dose
	Spacer Used Take the following medicine if needed 10-20 minuother strenuous activity.	
Peak Flow Range (80% - 100% of personal best)		
(60% 100% of personal 2005)		
Yellow Zone "Caution" Breathing is easy Cough or wheeze Chest is tight	The YELLOW ZONE means keep taking your GREE every day and add the following medicine(s) to he getting worse. Reliever Medicine(s)	
Peak Flow Range (50% - 80% of personal best)	If beginning cold symptoms, call your doctor before starting oral steroids.	
not better or you do not return to the	every 20 minutes for up to one hour or use nebu GREEN ZONE after one hour, follow RED ZONE i s, call your provider. If your breathing symptoms	instructions. If you are in the YEL-
Red Zone "STOP! Medical Alert!" • Medicine is not helping • Nose opens wide to breathe • Breathing is hard and fast • Trouble Walking • Trouble Talking • Ribs show	The RED ZONE means start taking your RED ZONE NOW! Take these medicines until you talk with you better and you can't reach your doctor, go to a hose 911 immediately. Reliever Medicine(s)	ur doctor. If your symptoms do not get
Peak Flow Range (Below 50% of personal best)		