


ASTHMA ACTION PLAN

Name _____ Date _____

Asthma Triggers _____

Asthma Severity: Intermittent Mild Persistent Moderate Persistent Severe Persistent

GREEN ZONE: When Doing Well		
SYMPTOMS: <input checked="" type="checkbox"/> Normal breathing <input checked="" type="checkbox"/> No cough or wheezing <input checked="" type="checkbox"/> Normal work or play <input checked="" type="checkbox"/> Sleeps well		
Medicine	Dosage	Frequency
Controller Medicine		
Quick-Relief Medicine		
<input type="checkbox"/> Take before all physical activity <input type="checkbox"/> Take as needed		
YELLOW ZONE: Caution – Take Action		
SYMPTOMS: <input checked="" type="checkbox"/> Coughing, wheezing, or chest tightening <input checked="" type="checkbox"/> Symptoms at work or play <input checked="" type="checkbox"/> Trouble sleeping		
Medicine	Dosage	Frequency
Controller Medicine		
Quick-Relief Medicine		
<input type="checkbox"/> Take before all physical activity <input type="checkbox"/> Take as needed		
If symptoms worsen even after taking your quick-relief medicine and you experience symptoms for more than 24 hours, follow the RED ZONE instructions and call your doctor.		
 RED ZONE: Danger – Get Help Immediately		
SYMPTOMS: <input checked="" type="checkbox"/> Breathing is hard and fast <input checked="" type="checkbox"/> Can't talk well, work, or play <input checked="" type="checkbox"/> Medicine is not helping		
Medicine	Dosage	Frequency
Controller Medicine		
Quick-Relief Medicine		
1 Take quick-relief medicine immediately 2 Contact your doctor now 3 Call 911 if: <input checked="" type="checkbox"/> You are still in the RED ZONE after 15 minutes <input checked="" type="checkbox"/> You have trouble walking or talking <input checked="" type="checkbox"/> Lips or fingernails turn blue		

Doctor's Name _____ Emergency Call # _____