

# Asthma Action Plan

Personal best peak flow:

## IMPORTANT INFO

Name:

Date:

Doctor name:

Doctor phone:

Emergency contact:

Emergency phone:

## EXERCISE-INDUCED FLARE-UP

Instructions for an exercise-induced asthma flare-up

Medicine:

How much:

When:

Additional instructions:

**TRIGGERS:** ☐ pollen ☐ mold ☐ dust mites ☐ animals ☐ smoke ☐ food  
☐ exercise ☐ cold/flu ☐ weather ☐ air pollution ☐ other

## The GREEN Zone (also known as the safety zone)

### Symptoms

- Breathing is easy
- No cough or wheeze
- Can do usual activities
- Can sleep through the night

Peak flow from  to

Use these long-term control medicines as listed:

Medicine	How much	How often / when
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## The YELLOW Zone (also known as the caution 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

Continue with long-term control medicines as above, and add these quick-relief medicines:

Medicine	How much	How often / when
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Call your doctor if:

## The RED Zone (also known as the danger zone)

### Symptoms

- Severe breathing problems
- Cannot do usual activities
- Difficulty walking and talking
- Rescue medicine is not helping

Peak flow from  to

Take this medicine and call the doctor now!

Medicine	How much	How often / when
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

If symptoms don't improve and you can't contact the doctor, go to the hospital or call 911.

Parent /Guardian Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_