Asthma Ac	tion Pl	Perso	onal best peak	flow:
	MPORTANT IN	FO	EXERCISE-IN	IDUCED FLARE-UP
Name: Date: Doctor name: Doctor phone:		Medi How m	cine:	induced asthma flare-up
Emergency contact: Emergency phone:		Additi instruct		
TRIGGERS: pollen exercis			animals air pollution) smoke
	The GRI	EEN Zor	1e (also know	n as the safety zone)
Symptoms Breathing is easy No cough or wheeze Can do usual activities Can sleep through the night	Medi	cine	How much	How often / when
Symptoms • Some shortness of breath • Cough, wheeze, or chest tight	Conti	nue with long e, and add th	g-term control ese quick-relie	as the caution zone medicines as f medicines:
Some difficulty doing usual a Sleep disturbed by symptoms Symptoms of a cold or flu	ctivities	Line	now much	now offerty when
Peak flow from to	Call	your doctor if	:	
	The R	ED Zon	e (also known	as the danger zone)
Symptoms • Severe breathing problems • Cannot do usual activities • Difficulty walking and talkin • Rescue medicine is not help	Take Media	this medicine	How much	octor now! How often / when ou can't contact the
nt /Guardian Printed:			to the hospital	e:
nt/Guardian Signature:				