



Asthma Action Plan

Name:	Date:
Medical Record #:	Practice phone:
Patient Goal:	
Important! Your triggers to avoid:	



The colors of a traffic light will help you use your asthma medicines.

Green means **Go Zone!**
Use preventive medicine.

Yellow means **Caution Zone!**
Add quick-relief medicine.

Red means **Danger Zone!**
Get help from a doctor.

Triggers	
<input type="checkbox"/> Colds	<input type="checkbox"/> Smoke
<input type="checkbox"/> Exercise	<input type="checkbox"/> Dust
<input type="checkbox"/> Animals	<input type="checkbox"/> Food
<input type="checkbox"/> Other	_____

Exercise	
1. Premedication (how much and when)	_____
2. Exercise modifications	_____

Personal Best Peak Flow: _____

GO	
<p>You have <u>all</u> of these:</p> <ul style="list-style-type: none"> Breathing is good No cough or wheeze Sleep through the night Can work and play 	<p>Peak flow is greater than _____ (80% of personal best)</p>

Use these daily preventive anti-inflammatory medicines:		
MEDICINE	HOW MUCH	HOW OFTEN/WHEN

CAUTION	
<p>You have <u>any</u> of these:</p> <ul style="list-style-type: none"> First signs of a cold Exposure to known trigger Cough Mild wheeze Tight Chest Coughing at night 	<p>Peak flow is between _____ (50% of personal best) and _____ (80% of personal best)</p>

Continue with green zone medicine and add:		
MEDICINE	HOW MUCH	HOW OFTEN/WHEN
CALL YOUR PRIMARY CARE PROVIDER.		

DANGER	
<p>Your asthma is getting worse fast:</p> <ul style="list-style-type: none"> Medicine is not helping Breathing is hard & fast Nose opens wide Ribs show Can't talk well 	<p>Peak flow is less than _____ (50% of personal best)</p>

Take these medicines and call your provider now.		
MEDICINE	HOW MUCH	HOW OFTEN/WHEN
<p>Get help from a provider now! Do not be afraid of causing a fuss. Your provider will want to see you right away. It's important! If you cannot contact your provider, go directly to the emergency room. DO NOT WAIT. Make an appointment with your primary care provider within two days of an ER visit or hospitalization.</p>		

Provider's Signature: _____ Patient's Signature: _____