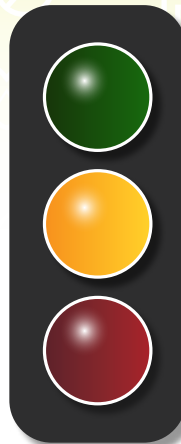


Asthma Action Plan

Asthma Type: _____ exercise induced	
____ mild intermittent	____ mild persistent
____ moderate persistent	____ severe persistent
Name _____	Date _____
Doctor _____	
Doctor's Office Phone _____	
Day # _____	Night/Weekend # _____
Emergency Contact _____	



GREEN means: Go Zone!
Use preventive medicine.

YELLOW means: Caution Zone!
Add quick-relief medicine.

RED means: Danger Zone!
Get help from a doctor.

The colors of the traffic light will help you use your asthma medicine.

GO

- You have all of these:**
- Breathing is good
 - No cough or wheeze
 - Sleep through the night
 - Can work and play

Peak flow from _____ to _____
(more than 80% of personal best)

Personal best peak flow _____

Use these daily preventive anti-inflammatory medicines:

Medicine	How much	How often/when

For exercise/sports:

CAUTION

- You have any of these:**
- First signs of a cold
 - Exposure to known trigger
 - Cough • Coughing at night
 - Mild Wheeze • Tight chest

Peak flow from _____ to _____
(50%-80% of personal best)

Continue with green zone medicine and add:

Medicine	How much	How often/when

* If you have to use quick relief medication 2 or more times a week for 2 or more weeks, call your doctor

STOP

- Your asthma is getting worse fast:**
- Medicine is not helping
 - Breathing is hard and fast
 - Nose opens wide
 - Ribs show
 - Can't talk well

Less than _____
(less than 50% of personal best)

Take these medicines and call your doctor now:

Medicine	How much	How often/when

Get help from a doctor now! Do not be afraid of causing a fuss. Your doctor will want to see you immediately. If you can't contact your doctor, go to the emergency room. DO NOT WAIT.

Make an appointment with your primary care provider within two days of an ER visit or hospitalization.