

Asthma Action Plan

Fill out this action plan with your doctor and keep it up to date.

NAME
DATE
DOCTOR
DOCTOR PHONE #
EMERGENCY CONTACT
EMERGENCY PHONE #
MY BEST PEAK FLOW IS:

GREEN (SAFETY) | Use your controller medicine listed:

Symptoms:

- * Breathing is good
- * No cough or wheeze
- * Can work and play

Peak flow

from _____ to _____

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

YELLOW (CAUTION) | Continue with controller medicine and add rescue medicine:

Symptoms:

- * Cough, wheeze, tight chest
- * Signs of a cold or flu
- * Coughing at night
- * Exposure to known trigger(s)

Peak flow

from _____ to _____

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

RED (DANGER) | Take medicine and call your doctor now!

Symptoms:

- * Asthma flare-up is worse
- * Medicine is not working
- * Breathing is hard and fast
- * Can't walk or talk well

Peak flow reading

below _____

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

If you cannot contact doctor, call 911 and go directly to emergency room.
Do not wait!

NOTES _____