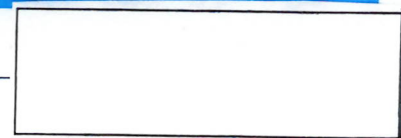


Provider: \_\_\_\_\_ Clinic: \_\_\_\_\_



# My Asthma Action Plan

DOCTOR OFFICE STAMP

Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Severity Classification:  Intermittent  Mild Persistent  Moderate Persistent  Severe Persistent

Asthma Triggers (list): \_\_\_\_\_

Peak Flow Meter Personal Best: \_\_\_\_\_

## Green Zone: Doing Well

Symptoms: Breathing is good – No cough or wheeze – Can work and play – Sleeps well at night

Peak Flow Meter \_\_\_\_\_ (more than 80% of personal best)

Flu Vaccine—Date received: \_\_\_\_\_ Next flu vaccine due: \_\_\_\_\_ COVID19 vaccine—Date received: \_\_\_\_\_

Control Medicine(s)	Medicine	How much to take	When and how often to take it
_____	_____	_____	_____
_____	_____	_____	_____

Physical Activity  Use Albuterol/Levalbuterol \_\_\_\_ puffs, 15 minutes before activity  
 with all activity  when you feel you need it

## Yellow Zone: Caution

Symptoms: Some problems breathing – Cough, wheeze, or tight chest – Problems working or playing – Wake at night

Peak Flow Meter \_\_\_\_\_ to \_\_\_\_\_ (between 50% and 79% of personal best)

Quick-relief Medicine(s)  Albuterol/Levalbuterol \_\_\_\_ puffs, every 20 minutes for up to 4 hours as needed

Control Medicine(s)  Continue Green Zone medicines  
 Add \_\_\_\_\_  Change to \_\_\_\_\_

You should feel better within 20-60 minutes of the quick-relief treatment. If you are getting worse or are in the Yellow Zone for more than 24 hours, THEN follow the instructions in the RED ZONE and call the doctor right away!

## Red Zone: Get Help Now!

Symptoms: Lots of problems breathing – Cannot work or play – Getting worse instead of better – Medicine is not helping

Peak Flow Meter \_\_\_\_\_ (less than 50% of personal best)

Take Quick-relief Medicine NOW!  Albuterol/Levalbuterol \_\_\_\_ puffs, \_\_\_\_\_ (how frequently)

Call 911 immediately if the following danger signs are present:

- Trouble walking/talking due to shortness of breath
- Lips or fingernails are blue
- Still in the Red Zone after 15 minutes

Emergency Contact Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_