## Asthma Action Plan

| Name | Date <br> $2 / 17 / 2017$ |
| :--- | :--- |
| Doctor | Medical Record \# |
| Doctor's Office Phone \#: Day | Night/Weekend |
| Emergency Contact |  |
| Doctor's Signature |  |

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.

Personal Best Peak Flow $\qquad$

## 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

## CAUTION

You have any of these:

- First signs of a cold
- Exposure to known trigger
- Cough
- Mild wheeze
- Tight chest - Coughing at night


## Peak flow from

to

## DANGER

Your asthma is getting worse fast:

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Ribs show
- Can't talk well

Peak flow reading below

Use these daily preventive anti-inflammatory medicines:

| MEDICINE | HOW MUCH | HOW OFTEN/WHEN |
| :--- | :--- | :--- |
|  |  |  |
|  |  |  |
|  |  |  |

For asthma with exercise, take:

|  |  |  |
| :--- | :--- | :--- |

Continue with green zone medicine and add:

| MEDICINE | HOW MUCH | HOW OFTEN/WHEN |
| :--- | :--- | :--- |
|  |  |  |
|  |  |  |
|  |  |  |

## CALL YOUR PRIMARY CARE PROVIDER.

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 right away. It's important! If you cannot contact your doctor, 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.

