

# Asthma Action Plan

**General Information:**

Name \_\_\_\_\_  
 Emergency contact \_\_\_\_\_ Phone Numbers \_\_\_\_\_  
 Physician/Healthcare provider \_\_\_\_\_ Phone numbers \_\_\_\_\_  
 Physician signature \_\_\_\_\_ Date \_\_\_\_\_  
 Stamp \_\_\_\_\_

Severity Classification	Triggers	Exercise
Intermittent      Moderate Persistent  Mild Persistent      Sever Persistent	Colds      Smoke      Weather  Exercise      Dust      Air Pollution  Animals      Food  Other _____	1. Premedication (how much and when) _____  2. Exercise modifications _____ _____

**Green Zone: Doing Well**

<b>Symptoms</b> <ul style="list-style-type: none"> <li>Breathing is good</li> <li>No Cough or wheeze</li> <li>Can work and plan</li> <li>Sleeps well</li> </ul>	<b>Control Medications</b>		
	<b>Medication</b>	<b>How Much to Take</b>	<b>When to Take It</b>
	_____	_____	_____
	_____	_____	_____

**Yellow Zone: Symptoms Appear    Contact physician if using quick relief more than 2 times per week**

<b>Symptoms</b> <ul style="list-style-type: none"> <li>Some problems breathing</li> <li>Cough, wheeze, or chest light</li> <li>Problems working or playing</li> <li>Wake during sleep</li> </ul>	<b>Continue control medications and add:</b>		
	<b>Medication</b>	<b>How Much to Take</b>	<b>When to Take It</b>
	_____	_____	_____
	_____	_____	_____

IF symptoms return to Green Zone after on hour of the quick-relief treatment, THEN Take quick-relief medication every 4 hours for 1-2 days Change long-term control medicine by : Contact physician for follow-up care.	IF symptoms DO NOT return to Green Zone after one hour of the quick-relief treatment, THEN Take quick-relief treatment again. Change long-term control medicine to: Call the physician/Health care provider within _____ hour(s) of modifying medication routine.
--	--

**Red Zone: Medical Alert      Ambulance/Emergency Phone Number:**

<b>Symptoms</b> <ul style="list-style-type: none"> <li>Lots of problems breathing</li> <li>Cannot work or play</li> <li>Getting worse instead of better</li> <li>Medicine is not helping</li> </ul>	<b>Continue control medications and add:</b>		
	<b>Medication</b>	<b>How Much to Take</b>	<b>When to Take It</b>
	_____	_____	_____
	_____	_____	_____

<b>Go to the hospital or call for an ambulance if:</b> Still in the red zone after 15 minutes You have not been able to reach your physician/healthcare provider for help.	<b>Call an ambulance immediately if the following danger signs are present:</b> Trouble walking/talking due to shortness of breath. Lips or fingernail are blue
--	---