

ASTHMA ACTION PLAN

Date _____ Patient name _____ DOB _____

MD _____ MRN _____ Reviewed with: guardian/patient Verbalized understanding yes no

- Breathing is easy
- No coughing
- No wheezing
- No shortness of breath
- Can work, play, and sleep easily
- Using quick-relief medication less than twice a week



■ **PEAK FLOW**
80% – 100% of personal best
_____ - _____

Avoid these asthma triggers: _____

Take **CONTROLLER** medication: _____

Take **QUICK-RELIEF** medication:
 Before exercise: _____
 Before exposure to a trigger: _____

Keep ORAL STEROIDS on hand in case you fall into STEP 3 of the yellow zone or into the red zone.

- Using quick-relief medication more than twice a week*
- Coughing
- Wheezing
- Shortness of breath
- Difficulty with physical activity
- Waking at night
- Tightness in chest



■ **PEAK FLOW**
50% – 80% of personal best
_____ - _____

* You might need a change in your treatment plan

STEP 1: Add QUICK-RELIEF medication:

STEP 2: Monitor your symptoms:

- If symptoms GO AWAY quickly, return to the green zone.
- If symptoms CONTINUE or return within a few hours:
 Add _____

STEP 3: Continue monitoring your symptoms:

- If symptoms **CONTINUE** after step 2 treatment:
 Add _____
oral steroid medication
- Call your healthcare provider: _____

- Medication is not helping
- Breathing is very difficult
- Cannot walk or play
- Cannot talk easily
- **PEAK FLOW**
Less than 50% of personal best



Call your healthcare provider: _____
If you can't reach your healthcare provider quickly, go to the nearest hospital emergency room or call 911 immediately.

Go to the hospital emergency room or call 911 immediately.

- If you have an oral steroid at home, take _____ mg of _____ as you leave for the hospital.
- Continue to use your quick-relief medication _____ as you go to the emergency room.

Asthma symptoms can get worse quickly. When in doubt, seek medical help.