

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 a 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 or call 911:
 - 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 ER.

ASTHMA SYMPTOMS CAN GET WORSE QUICKLY. WHEN IN DOUBT, SEEK MEDICAL HELP.