

Patient: _____

Physician: _____

Date: _____

Phone: _____

Asthma Action Plan

Green Zone

Use Controller Medicine

PEAK FLOW RANGE:

Symptoms: You are doing well and can perform regular activities. You have no coughing, wheezing, chest pain, or shortness of breath.

To keep asthma under control, take the following medications:

_____	MEDICINE _____	DOSAGE _____	WHEN TO TAKE _____
_____	MEDICINE _____	DOSAGE _____	WHEN TO TAKE _____
_____	MEDICINE _____	DOSAGE _____	WHEN TO TAKE _____

Yellow Zone

Take Reliever Medicine

PEAK FLOW RANGE:

Symptoms: You are feeling worse than usual and are experiencing problems performing regular activities. You have coughing, wheezing, chest pain, or shortness of breath.

Add the following medication(s) to your regular drugs (green zone):

_____	MEDICINE _____	DOSAGE _____	WHEN TO TAKE _____
_____	MEDICINE _____	DOSAGE _____	WHEN TO TAKE _____
_____	MEDICINE _____	DOSAGE _____	WHEN TO TAKE _____

Additional steps: _____

Monitor your symptoms to see if they respond to the medication and check that peak flow does not fall in the red zone.

Red Zone

Call Physician

PEAK FLOW RANGE:

Symptoms: Your breathing is difficult and your chest may hurt. You cannot perform regular activities. Or, you have been in the yellow zone for 24 hours and symptoms have not improved.

Take the following medication(s) and call your doctor:

_____	MEDICINE _____	DOSAGE _____	WHEN TO TAKE _____
_____	MEDICINE _____	DOSAGE _____	WHEN TO TAKE _____
_____	MEDICINE _____	DOSAGE _____	WHEN TO TAKE _____

If you cannot reach the doctor and are still in the red zone after 15 minutes, go to the emergency room. Call 911 if you cannot get yourself to the emergency room, have trouble walking, or your lips and nails turn blue.



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Emergency Asthma Action Plan For _____

If peak flow falls to _____ or below, or the carrier of this card displays the following symptoms:

- _____
- _____
- _____
- _____
- _____
- _____

Take the following steps:

GIVE THE FOLLOWING MEDICATIONS

MEDICINE _____ DOSAGE _____ WHEN TO TAKE _____

MEDICINE _____ DOSAGE _____ WHEN TO TAKE _____

MEDICINE _____ DOSAGE _____ WHEN TO TAKE _____

Re-check peak flow and see if symptoms improve.

If symptoms do not improve within 15 minutes of taking medications:

- Seek emergency help
- Contact the following people

CONTACT NAME: _____

PHONE NUMBER: _____

PHYSICIAN NAME: _____

PHONE NUMBER: _____

If your breathing problems become worse before you talk to the doctor, **Go to the ER or call 911.**

PHYSICIAN COMMENTS: