



My Asthma Action Plan

Table of Contents

- Overview
- Credits

Overview

My name: _____	Doctor's name: _____	Doctor's phone: _____
----------------	----------------------	-----------------------

Controller medicine	How much?	How often?	Other instructions

Quick-relief medicine	How much?	How often?	Other instructions

GREEN ZONE This is where I want to be!	YELLOW ZONE My asthma is getting worse.	RED ZONE Danger!
<p>Symptoms</p> <ul style="list-style-type: none"> • I have no shortness of breath, cough, wheezing, or chest tightness. • I can do all of my usual activities. • I sleep well at night. 	<p>Symptoms</p> <ul style="list-style-type: none"> • I'm coughing or wheezing or have chest tightness or shortness of breath. • Symptoms keep me up at night. • I can do some but not all of my usual activities. 	<p>Symptoms</p> <ul style="list-style-type: none"> • I'm very short of breath. • I can't do my usual activities. • Quick-relief medicine doesn't help, or my symptoms don't get better after 24 hours in the yellow zone.
<p>Peak flow (if I use a peak flow meter)</p> <ul style="list-style-type: none"> • _____ or more (80% or more of my personal best) 	<p>Peak flow (if I use a peak flow meter)</p> <ul style="list-style-type: none"> • _____ to _____ (50% to 79% of my personal best) 	<p>Peak flow (if I use a peak flow meter)</p> <ul style="list-style-type: none"> • _____ or lower (less than 50% of my personal best)
<p>Actions</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Take controller medicine(s) every day. • <input type="checkbox"/> Avoid asthma triggers. • <input type="checkbox"/> _____ minutes before exercise, take quick-relief medicine called _____. 	<p>Actions</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Take _____ puff(s) of my quick-relief medicine called _____. Repeat _____ times. • <input type="checkbox"/> If my symptoms don't get better or my peak flow has not returned to the green zone in 1 hour, then: <ul style="list-style-type: none"> ◦ <input type="checkbox"/> Take _____ puff(s) of my medicine called _____. Take it _____ times a day. ◦ <input type="checkbox"/> Begin or increase treatment with corticosteroid pills. Take _____ mg of _____ every _____. ◦ <input type="checkbox"/> Call my doctor at _____. 	<p>Actions</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Take _____ puff(s) of my quick-relief medicine called _____. Repeat _____ times. • <input type="checkbox"/> Begin or increase treatment with corticosteroid pills. Take _____ mg now. • <input type="checkbox"/> Call my doctor at _____. If I cannot contact my doctor, I need to go to the emergency department. Call 911 or _____. • <input type="checkbox"/> Other numbers I might call are _____, _____, _____. <p>EMERGENCY: If it's hard to walk or talk because of shortness of breath or if my lips or fingertips are blue, I need to CALL 911 or go to the hospital for help right away.</p>

Credits

Current as of: July 31, 2024

Author: Ignite Healthwise, LLC Staff (<https://www.healthwise.org/specialpages/legal/abouthw/en>)

Clinical Review Board (<https://www.healthwise.org/specialpages/legal/abouthw/en>)

All Healthwise education is reviewed by a team that includes physicians, nurses, advanced practitioners, registered dietitians, and other healthcare professionals.

Note: The "printer friendly" document will not contain all the information available in the online document. Some information (e.g. cross-references to other topics, definitions or medical illustrations) is only available in the online version.



This information does not replace the advice of a doctor. Ignite Healthwise, LLC, disclaims any warranty or liability for your use of this information.

© 2024 Ignite Healthwise, LLC.