

ASTHMA ACTION PLAN



Asthma and Allergy
Foundation of America
aafa.org

NAME _____ DATE _____

DOCTOR _____ DOCTOR'S PHONE # _____

EMERGENCY CONTACT _____ EMERGENCY CONTACT PHONE NUMBER _____

PREFERRED HOSPITAL / EMERGENCY FACILITY _____

PERSONAL BEST PEAK FLOW _____



The colors of a traffic light will help you use your asthma medicines.



- GREEN** means Go Zone!
Use preventive medicine.
- YELLOW** means Caution Zone!
Add quick-relief medicine.
- RED** means Danger Zone!
Get help from a doctor.

BIOLOGICS: _____ (medication name). Administered _____ (home or doctor's office).
Taken by _____ (injection or IV infusion) _____ times per _____.

GO USE THESE DAILY CONTROLLER MEDICINES:				
You have <i>all</i> of these:	Peak flow:	MEDICINE	HOW MUCH	HOW OFTEN/WHEN
		<ul style="list-style-type: none"> • Breathing is good • No cough or wheeze • Sleep through the night • Can work & play 	from _____ to _____	
For asthma with exercise, take:				

CAUTION CONTINUE WITH GREEN ZONE MEDICINE AND ADD:				
You have <i>any</i> of these:	Peak flow:	MEDICINE	HOW MUCH	HOW OFTEN/WHEN
		<ul style="list-style-type: none"> • First signs of a cold • Exposure to known trigger • Cough • Mild wheeze • Tight chest • Coughing at night 	from _____ to _____	
CALL YOUR ASTHMA CARE PROVIDER.				

DANGER TAKE THESE MEDICINES AND CALL YOUR DOCTOR NOW:				
You have <i>any</i> of these:	Peak flow:	MEDICINE	HOW MUCH	HOW OFTEN/WHEN
		<ul style="list-style-type: none"> • Medicine is not helping • Breathing is hard & fast • Nose opens wide • Trouble speaking • Ribs show (in children) 	reading below _____	

GET HELP FROM A DOCTOR NOW! Your doctor will want to see you right away. It's important!
If you cannot contact your doctor, go directly to the emergency room. **DO NOT WAIT.**
Make an appointment with your asthma care provider within two days of an ER visit or hospitalization.