## Asthma Action Plan

### General Information:
- **Name**
- **Emergency contact**
- **Physician/Health Care Provider**
- **Physician Signature**

### Severity Classification
- **Mild Intermittent**
- **Mild Persistent**
- **Moderate Persistent**
- **Severe Persistent**

### Triggers
- Colds
- Smoke
- Exercise
- Dust
- Weather
- Animals
- Other

### Exercise
- 1. Pre-medication (how much and when)
- 2. Exercise modifications

### Green Zone: Doing Well

#### Symptoms
- Breathing is good
- No cough or wheeze
- Can work and play
- Sleeps all night

#### Peak Flow Meter
- More than 80% of personal best or __________

### Yellow Zone: Getting Worse

#### Symptoms
- Some problems breathing
- Cough, wheeze or chest tight
- Problems working or playing
- Wake at night

#### Peak Flow Meter
- Between 50 to 80% of personal best or __________ to __________

#### Contact Physician if using quick relief more than 2 times per week.

### Red Zone: Medical Alert

#### Symptoms
- Lots of problems breathing
- Cannot work or play
- Getting worse instead of better
- Medicine is not helping

#### Peak Flow Meter
- Between 0 to 50% of personal best or __________ to __________

#### Ambulance/Emergency Phone Number:

#### Contact Physician if using quick relief more than 2 times per week.

### Exercise
- 1. Pre-medication (how much and when)
- 2. Exercise modifications

### Green Zone: Doing Well

#### Pre-medication

### Yellow Zone: Getting Worse

#### Continue control medicines and add:

### Red Zone: Medical Alert

#### Continue control medicines and add:

#### Ambulance/Emergency Phone Number:

#### Call an ambulance immediately if the following danger signs are present:
- Trouble walking/talking due to shortness of breath
- Lips or fingernails are blue