

ASTHMA ACTION PLAN



Asthma and Allergy
Foundation of America
aafa.org

Name:	Date:
Doctor:	Medical Record #:
Doctor's Phone #: Day	Night/Weekend
Emergency Contact:	
Doctor's Signature:	

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.

Personal Best Peak Flow: _____

GO	Use these daily controller medicines:		
<p>You have <i>all</i> of these:</p> <ul style="list-style-type: none"> • Breathing is good • No cough or wheeze • Sleep through the night • Can work & play <p style="text-align: center;">Peak flow: from _____ to _____</p>	MEDICINE	HOW MUCH	HOW OFTEN/WHEN
	For asthma with exercise, take:		
CAUTION	Continue with green zone medicine and add:		
<p>You have <i>any</i> of these:</p> <ul style="list-style-type: none"> • First signs of a cold • Exposure to known trigger • Cough • Mild wheeze • Tight chest • Coughing at night <p style="text-align: center;">Peak flow: from _____ to _____</p>	MEDICINE	HOW MUCH	HOW OFTEN/ WHEN
	CALL YOUR ASTHMA CARE PROVIDER.		
DANGER	Take these medicines and call your doctor now.		
<p>Your asthma is getting worse fast:</p> <ul style="list-style-type: none"> • Medicine is not helping • Breathing is hard & fast • Nose opens wide • Trouble speaking • Ribs show (in children) <p style="text-align: center;">Peak flow: reading below _____</p>	MEDICINE	HOW MUCH	HOW OFTEN/WHEN

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.