



Asthma Action Plan for: _____ Date: _____



Yes

Green zone

symptoms rarely bother me



Not Really

Yellow Zone

symptoms are bothering me more often




Not at all!

Red Zone

I'm out of breath!!

Asthma under control?

	Rarely No more than 3 times a week	Often More than three times a week	Very Often Every day
Day time Symptoms			
Night-time Symptoms	None	1 or more nights a week	Many nights a week
reliever medication (not counting 1 dose per day before exercise)	No more than 3 times a week	More than 3 times a week	reliever medication isn't working at all or its effect doesn't last 4 hours; sudden flare-up
Being active	I can be as active as I want	Symptoms are slowing me down and I can't play and run like I usually do	I am too out of breath to play!! I am having trouble talking!!
Peak Expiratory Flow My Best: _____	>85% of my best, which is _____	60% to 85% of my best, which is _____ to _____	< 60% of my best, which is _____
What to do...	Reliever medication: _____ puffs as needed Controller(s) (take every day) _____ puffs _____ times per day _____ _____	Reliever medication _____ up to every 4 hours if needed Increase Controller _____ to _____ for _____ days or until back to green zone Add/increase _____ **Call the doctor RIGHT AWAY if I remain in this zone for more than _____ days, if I am getting worse, or if effect of reliever lasts < 4 hours	 911 go to the emergency room Take reliever medication as often as needed on way to hospital