



Asthma Action Plan (Sample)



Name: _____

Hospital/Emergency Room Phone Number: _____

Doctor's Name: _____

Doctor's Phone Number: _____

Date: _____

This Action Plan is a guide only. Always see a doctor if you are unsure what to do.

Green Zone - I have symptom-free asthma

I have no symptoms:

- ☐ I have no cough, wheeze, chest tightness or shortness of breath
- ☐ I do not cough or wheeze when I exercise or sleep
- ☐ I can do all my usual activities
- ☐ I do not need to take days off work

To remain symptom-free, I need to take these controller medications every day

Medication	How much to take	When to take it

Yellow Zone - I have asthma symptoms

- ☐ I cough, wheeze, have chest tightness or shortness of breath during the day, when I exercise, or sleep
- ☐ I feel like I am getting a cold or the flu
- ☐ I need to use my reliever inhaler more than three times a week for my asthma symptom

I need to either increase my controller medication, or add on a different controller



Take _____ 2 puffs, every _____ hours, as needed.
(Reliever)



Increase _____ to _____ day, for _____ days, or until you are back in the green zone.
(Controller)

If no improvement in _____ hours, call or visit your Doctor.

Red Zone - I am in danger and need help

Any of the following:

- ☐ I have been in the Yellow Zone for 24 hours
- ☐ My asthma symptoms are getting worse
- ☐ My reliever does not seem to be helping
- ☐ I can not do any type of activity
- ☐ I am having trouble walking or talking
- ☐ I feel faint or dizzy
- ☐ I have blue lips or fingernails
- ☐ I am frightened
- ☐ This attack came on suddenly

Go directly to the nearest Emergency Room of your local hospital



This is an emergency. Dial 911.



While waiting for the ambulance, take

2 puffs of _____ every 10 minutes.
(Reliever inhaler)

