



Asthma Action Plan (Sample)

Name: _____

Doctor's Name: _____

Date: _____

Hospital/Emergency Room Phone Number: _____

Doctor's Phone Number: _____



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)

