

# Personal Asthma Action Plan



**Green Zone:**  
**All Clear**

**Peak Flow** > \_\_\_\_\_  
(80-100% of Personal Best)

- No cough or wheeze
- No chest tightness
- No shortness of breath
- Can do normal activities
- No problems sleeping

My Peak Flow Best is \_\_\_\_\_.

☐ **Take these long-acting controller medications every day.**

Medication(s)	How Much	When
_____	_____	_____
_____	_____	_____

☐ Take your quick-relief medications for signs/symptoms of an asthma attack.

Medication(s)	How Much	When
_____	_____	_____

☐ Take your quick-relief medications 5-10 minutes before exercising.



**Yellow Zone:**  
**Caution**

**Peak Flow** < \_\_\_\_\_  
(50-80% of Personal Best)

- Some cough and wheeze
- Some chest tightness
- Short of breath with activity
- Can not do all activities
- Waking at night

☐ **Take these long-acting AND quick-relief medications.**

Medication(s)	How Much	When
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ If your symptoms and peak flow DO NOT return to the green zone, then:

\_\_\_\_\_  
\_\_\_\_\_.



**Red Zone:**  
**Medical Alert**

**Peak Flow** < \_\_\_\_\_  
(Below 50% of Personal Best)

- Struggling to breathe
- Inhalers do not help
- Lots of chest tightness
- Can not sleep

## Danger Signs

- Too short of breath to walk or talk
- Lips or fingernails are blue

☐ **This is a medical emergency! Take these long-acting AND quick-relief medications.**

Medication(s)	How Much	When
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ **Then call your doctor NOW. Call 911 if You are still in the red zone after 15 minutes AND You have not reached your doctor.**