

# Personal Asthma Action Plan

 <p><b>Green Zone:</b> <b>All Clear</b></p> <p><b>Peak Flow &gt; _____</b> (80-100% of Personal Best)</p> <ul style="list-style-type: none"> <li>No cough or wheeze</li> <li>No chest tightness</li> <li>No shortness of breath</li> <li>Can do normal activities</li> <li>No problems sleeping</li> </ul> <p>My Peak Flow Best is _____.</p>	<p><input type="checkbox"/> <b>Take these long-acting controller medications every day.</b></p> <table border="0"> <thead> <tr> <th>Medication(s)</th> <th>How Much</th> <th>When</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p><input type="checkbox"/> Take your quick-relief medications for signs/symptoms of an asthma attack.</p> <table border="0"> <thead> <tr> <th>Medication(s)</th> <th>How Much</th> <th>When</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p><input type="checkbox"/> Take your quick-relief medications 5-10 minutes before exercising.</p>	Medication(s)	How Much	When	_____	_____	_____	_____	_____	_____	Medication(s)	How Much	When	_____	_____	_____
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 <p><b>Yellow Zone:</b> <b>Caution</b></p> <p><b>Peak Flow &lt; _____</b> (50-80% of Personal Best)</p> <ul style="list-style-type: none"> <li>Some cough and wheeze</li> <li>Some chest tightness</li> <li>Short of breath with activity</li> <li>Can not do all activities</li> <li>Waking at night</li> </ul>	<p><input type="checkbox"/> <b>Take these long-acting AND quick-relief medications.</b></p> <table border="0"> <thead> <tr> <th>Medication(s)</th> <th>How Much</th> <th>When</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p><input type="checkbox"/> If your symptoms and peak flow DO NOT return to the green zone, then:</p> <p>_____</p> <p>_____.</p>	Medication(s)	How Much	When	_____	_____	_____	_____	_____	_____	_____	_____	_____			
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 <p><b>Red Zone:</b> <b>Medical Alert</b></p> <p><b>Peak Flow &lt; _____</b> (Below 50% of Personal Best)</p> <ul style="list-style-type: none"> <li>Struggling to breathe</li> <li>Inhalers do not help</li> <li>Lots of chest tightness</li> <li>Can not sleep</li> </ul> <p><b>Danger Signs</b></p> <ul style="list-style-type: none"> <li>Too short of breath to walk or talk</li> <li>Lips or fingernails are blue</li> </ul>	<p><input type="checkbox"/> <b>This is a medical emergency! Take these long-acting AND quick-relief medications.</b></p> <table border="0"> <thead> <tr> <th>Medication(s)</th> <th>How Much</th> <th>When</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p><input type="checkbox"/> <b>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.</b></p>	Medication(s)	How Much	When	_____	_____	_____	_____	_____	_____	_____	_____	_____			
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