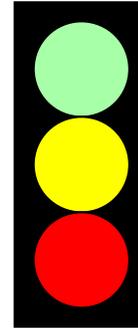




Asthma Action Plan

The colors of a traffic light will help you use your asthma medicines.

Name:	Date:
Doctor's name:	Doctor's phone:
Patient Goal:	
Important! Your triggers to avoid:	



Green means **Go Zone!**
Use preventive medicine.

Yellow means **Caution Zone!**
Add quick-relief medicine.

Red means **Danger Zone!**
Get help from a doctor.

Personal Best Peak Flow: _____

GO

You have ***all*** of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work or play

Peak flow from _____
to _____

Use these daily preventive anti-inflammatory medicines:

MEDICINE	HOW MUCH	HOW OFTEN/ WHEN

CAUTION

You have ***any*** of these:

- First signs of a cold
- Exposure to known trigger
- Cough
- Mild wheeze
- Tight Chest
- Coughing at night

Peak flow from _____
to _____

Continue with green zone medicine and add:

MEDICINE	HOW MUCH	HOW OFTEN/ WHEN

CALL YOUR PRIMARY CARE PROVIDER.

DANGER

Your asthma is **getting worse fast:**

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Ribs show
- Can't talk well

Peak flow from _____
to _____

Take these medicines and call your provider NOW.

MEDICINE	HOW MUCH	HOW OFTEN/ WHEN

Get help from a provider now! Do not be afraid of causing a fuss. Your provider will want to see you right away. It's important! If you cannot contact your provider, go directly to the emergency room. DO NOT WAIT.
Make an appointment with your primary care provider within two days of an ER visit or hospitalization.

Provider's Signature: _____