

ASTHMA ACTION PLAN



Asthma and Allergy
Foundation of America
aafa.org

Name:	Date:
Doctor:	Medical Record #:
Doctor's Phone #: Day	Night/Weekend
Emergency Contact:	
Doctor's Signature:	

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



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		Use these daily preventive anti-inflammatory medicines:			
<p>You have <i>all</i> of these:</p> <ul style="list-style-type: none"> Breathing is good No cough or wheeze Sleep through the night Can work & play <p>Peak flow:</p> <p>from _____</p> <p>to _____</p>	MEDICINE	HOW MUCH	HOW OFTEN/WHEN		
		For asthma with exercise, take:			

CAUTION		Continue with green zone medicine and add:			
<p>You have <i>any</i> of these:</p> <ul style="list-style-type: none"> First signs of a cold Exposure to known trigger Cough Mild wheeze Tight chest Coughing at night <p>Peak flow:</p> <p>from _____</p> <p>to _____</p>	MEDICINE	HOW MUCH	HOW OFTEN/ WHEN		
		CALL YOUR PRIMARY CARE PROVIDER.			

DANGER		Take these medicines and call your doctor now.			
<p>Your asthma is getting worse fast:</p> <ul style="list-style-type: none"> Medicine is not helping Breathing is hard & fast Nose opens wide Ribs show Can't talk well <p>Peak flow:</p> <p>reading below _____</p>	MEDICINE	HOW MUCH	HOW OFTEN/WHEN		

GET HELP FROM A DOCTOR NOW! Do not be afraid of causing a fuss. Your doctor will want to see you right away. It's important! If you cannot contact your doctor, 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.