

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 controller medicines:

You have *all* of these:

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

Peak flow:

from _____
to _____

MEDICINE	HOW MUCH	HOW OFTEN/WHEN
For asthma with exercise, take:		

CAUTION Continue with green zone medicine and add:

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 _____

MEDICINE	HOW MUCH	HOW OFTEN/ WHEN
CALL YOUR ASTHMA CARE PROVIDER.		

DANGER Take these medicines and call your doctor now.

Your asthma is getting worse fast:

- Medicine is not helping
- Breathing is hard & fast
- Nose opens wide
- Trouble speaking
- Ribs show (in children)

Peak flow:

reading below _____

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

GET HELP FROM A DOCTOR NOW! 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 asthma care provider within two days of an ER visit or hospitalization.