

# ASTHMA ACTION PLAN

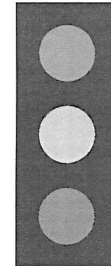


Asthma and Allergy  
Foundation of America  
aafa.org

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

Parent 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.

GO		Use these daily controller medicines:			
		MEDICINE	HOW MUCH	HOW OFTEN/WHEN	
<b>You have <i>all</i> of these:</b> <ul style="list-style-type: none"> <li>• Breathing is good</li> <li>• No cough or wheeze</li> <li>• Sleep through the night</li> <li>• Can work &amp; play</li> </ul>	<b>Peak flow:</b> from _____ to _____				
		For asthma with exercise, take:			
CAUTION		Continue with green zone medicine and add:			
		MEDICINE	HOW MUCH	HOW OFTEN/ WHEN	
<b>You have <i>any</i> of these:</b> <ul style="list-style-type: none"> <li>• First signs of a cold</li> <li>• Exposure to known trigger</li> <li>• Cough</li> <li>• Mild wheeze</li> <li>• Tight chest</li> <li>• Coughing at night</li> </ul>	<b>Peak flow:</b> from _____ to _____				
		CALL YOUR ASTHMA CARE PROVIDER.			
DANGER		Take these medicines and call your doctor now.			
		MEDICINE	HOW MUCH	HOW OFTEN/WHEN	
<b>Your asthma is getting worse fast:</b> <ul style="list-style-type: none"> <li>• Medicine is not helping</li> <li>• Breathing is hard &amp; fast</li> <li>• Nose opens wide</li> <li>• Trouble speaking</li> <li>• Ribs show (in children)</li> </ul>	<b>Peak flow:</b> reading below _____				

**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.