AMERICAN ACADEMY OF ALLERGY ASTHMA & IMMUNOLOGY
www.aaaai.org

ASTHMA ACTION PLAN

Name: _____ Date: _____
Emergency Contact: _____ Relationship: _____
Cell phone: _____ Work phone: _____
Health Care Provider: _____ Phone number: _____
Personal Best Peak Flow: _____

GREEN ZONE:
Doing Well
- ✓ No coughing, wheezing, chest tightness, or difficulty breathing
- ✓ Can work, play, exercise, perform usual activities without symptoms
  OR
- ✓ Peak flow ____ to ____
  (80% to 100% of personal best)

Take these medicines every day for control and maintenance:

Medicine	How much to take	When and how often

YELLOW ZONE:
Caution/Getting Worse
- ✓ Coughing, wheezing, chest tightness, or difficulty breathing
- ✓ Symptoms with daily activities, work, play, and exercise
- ✓ Nighttime awakenings with symptoms
  OR
- ✓ Peak flow ____ to ____
  (50% to 80% of personal best)

CONTINUE your Green Zone medicines PLUS take these quick-relief medicines:

Medicine	How much to take	When and how often

Call your doctor if you have been in the Yellow Zone for more than 24 hours.

Also call your doctor if: _____

_____

RED ZONE:
Alert!
- ✓ Difficulty breathing, coughing, wheezing not helped with medications
- ✓ Trouble walking or talking due to asthma symptoms
- ✓ Not responding to quick relief medication
  OR
- ✓ Peak flow is less than ____
  (50% of personal best)

FOR EXTREME TROUBLE BREATHING/SHORTNESS OF BREATH GET IMMEDIATE HELP!

Take these quick-relief medicines:

Medicine	How much to take	When and how often

CALL your doctor NOW.
GO to the hospital/emergency department or CALL for an ambulance NOW!