Asthma Action Plan

Name: Date: MRN: DOB:		 Exercise Induced Intermittent Moderate Persistent
G	reen Zone: Doing Well	Do These Things Every Day!
	 All of these are true: Breathing is great! No coughing or wheezing Asthma does not bother sleep or exercise 	Take these medicines every day: Medicine How to take How Often Use 15-20 minutes before exercise: Watch out for these triggers:
Yellow	/ Zone: Symptoms Starting	Start Relief Medicine!
!	Any of these are happening: Getting a cold Coughing a lot Wheezing Having trouble breathing	Medicine How to take How Often Keep taking Green Zone Medicine
Ora	inge Zone: IN TROUBLE	CALL YOUR DOCTOR FOR HELP!
	 Relief medicine is not working: Medicine not lasting 4 hours – symptoms coming back too soon Constant coughing Awake all night from asthma Needing more than 4 doses of relief medicine in one day 	Doctor's Name: Doctor's Phone Number: Medicine How to take How Often If you cannot reach your doctor and symptoms
	and Zones IN DANGER	continue, go to urgent care or ER
, h	Red Zone: IN DANGER	GET HELP NOW!
ER	Breathing is bad: Gasping (breathing hard and fast) Ribs show when breathing Neck or stomach caving in Hard to talk or walk	Go to Closest ER or Dial 9-1-1 On the way take: Medicine How to take How Often

