

asthma action plan

name: _____ date: _____

provider's name: _____ provider's phone: _____

emergency contact: _____ phone: _____

triggers of your asthma include: _____

green zone - doing well!

All of these are true:

- No cough
- No wheeze
- No trouble breathing
- Asthma does not bother sleep or exercise



When you're feeling good take the following medications every day to **control** asthma:

Controller/Maintenance: _____

- ☐ If box is checked, take Albuterol 90 mcg Inhaler: 2 puffs with spacer 15-20 minutes before exercise.

REMEMBER! Using a spacer with your inhaler gets more medicine into your lungs and reduces side effects.

yellow zone - caution!

You have any of these:

- Coughing
- Wheezing
- Shortness of breath
- Chest tightness



If your asthma symptoms are **GETTING WORSE** or **NOT IMPROVING** continue taking green zone medications **PLUS:**

Rescue: Quick-relief medicine **every 4 hours:**

- ☐ Albuterol 90 mcg Inhaler with spacer:
☐ 2 puffs ☐ 4 puffs
- ☐ Albuterol aerosol: 1 vial nebulized
☐ 1.25 mg/3mL ☐ 2.5 mg/3mL

If you are in the yellow zone for more than 24 hours call your provider and if you have oral steroids start taking them now.

red zone - flare-up!

Breathing is bad:

- Rescue medication more than every 4 hours
- Trouble speaking
- Breathing hard and fast
- Ribs show when breathing
- Neck or stomach sink in



Take these steps when you have SEVERE asthma symptoms:

Step 1: Take quick relief medication:

Step 2: If you have not already, start a course of oral steroid if you have that medication.

- ☐ Albuterol 90 mcg inhaler:
4-6 puffs with spacer every 20 minutes up to 3 doses

OR

- ☐ Albuterol 2.5 mg/3mL aerosol:
1 vial nebulized every 20 minutes up to 3 doses

Step 3: If you're getting **WORSE** or **NOT IMPROVING** call 9-1-1 or go to the closest Emergency Department!

If you're **BETTER** call your provider as soon as possible.

DANGER!! Call 9-1-1 or go to nearest hospital immediately if: • Lips or fingernails turn blue or gray • Difficulty staying awake.

signature: _____