

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

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.