

Asthma Action Plan

Date: _____

Patient Name: _____

Date of Birth: _____

Emergency Contact: _____

Asthma Triggers

- Allergens (e.g., pollen, dust, pets)
- Smoke or strong odors
- Cold weather
- Physical activity

Green Zone (Well-Controlled)

Peak Flow Meter Reading: > 80% of best

Symptoms: None or minimal

Action: Continue your regular medication.

Yellow Zone (Caution)

Peak Flow Meter Reading: 50% - 80% of best

Symptoms: Coughing, wheezing, shortness of breath

Action: Use rescue inhaler, monitor symptoms, and contact a healthcare provider if symptoms do not improve within 24 hours.

Red Zone (Emergency)

Peak Flow Meter Reading: < 50% of best

Symptoms: Severe difficulty breathing, blue lips/fingernails

Action: Use rescue inhaler immediately, call emergency services, and go to the nearest hospital.

Medication List

- Daily Controller Medication: _____
- Rescue Inhaler: _____

Healthcare Provider's Information

Name: _____

Phone Number: _____

Signature: _____