

# Emergency Asthma Action Plan

Date: \_\_\_\_\_

## Patient Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

## Asthma Triggers

Common triggers to avoid: \_\_\_\_\_

## Symptoms of Asthma Attack

- Coughing
- Wheezing
- Shortness of breath
- Chest tightness

## Action Steps

### Green Zone (Doing Well)

Peak Flow Meter Reading: Above \_\_\_\_ L/min

Medication: \_\_\_\_\_

### Yellow Zone (Caution)

Peak Flow Meter Reading: Between \_\_\_\_ and \_\_\_\_ L/min

Action: \_\_\_\_\_

### Red Zone (Medical Alert)

Peak Flow Meter Reading: Below \_\_\_\_ L/min

Action: \_\_\_\_\_

Call 911 if no improvement.

## **Doctor's Information**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## **Additional Notes**

\_\_\_\_\_

**Signature of Caregiver:** \_\_\_\_\_