

# Asthma Action Plan

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

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

Healthcare Provider: \_\_\_\_\_

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

## Asthma Triggers

- Dust/Mites
- Smoke
- Pollen
- Cold Air
- Other: \_\_\_\_\_

## Medications

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

Daily Controller Medication: \_\_\_\_\_

## Symptoms and Action Steps

### Green Zone (Doing Well)

If you have no symptoms and your peak flow is above \_\_\_\_ L/min:

- Continue your daily medications.

### Yellow Zone (Caution)

If you have mild symptoms or your peak flow is between \_\_\_\_ and \_\_\_\_ L/min:

- Use rescue medication.
- Contact your healthcare provider.

### Red Zone (Medical Alert)

If you have severe symptoms or your peak flow is below \_\_\_\_ L/min:

- Use rescue inhaler immediately.
- Call 911 or go to the nearest emergency room.

## **Follow-up Appointment**

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

**Time:** \_\_\_\_\_

Signature of Healthcare Provider: \_\_\_\_\_