

Asthma Action Plan

This personalized action plan helps patients manage asthma by recognizing symptoms early, following appropriate steps, and knowing when to seek emergency care. It is designed for both patient and provider use.

Patient Information

Name:

Date of Birth:

Emergency Contact:

Healthcare Provider:

Phone Number:

Personal Best Peak Flow:

Highest number obtained after daily monitoring for 2 weeks twice daily when asthma under control

Daily Asthma Medications

Controller Medication:

Dosage and Time:

Pre-Exercise Medicine:

Asthma Zone Guidance


Target Peak Flow:


Provider Phone
Number:


Call 911

Zone	Symptoms	Peak Flow	Actions to Take
Green Zone "Doing Well"	Breathing Easy No Coughing or Wheezing Sleeping Well Active as Usual	80-100% of Personal Best "What is your usual peak flow?"	Take Daily Controller Medications Use Pre-exercise Medicine if Prescribed Avoid Known Triggers
Yellow Zone "Caution"	Coughing & Wheezing Trouble Sleeping Reduced Activity Tolerance	50-79% of Personal Best	Take Quick-Relief Inhaler Continue Controller Meds Avoid Triggers Contact Provider if Symptoms Persist
Red Zone "Danger"	Severe Symptoms Trouble Walking/Talking Blue Lips or Fingernails	Below 50% of Personal Best	Take Rescue Meds Immediately Call 911 or go to ER if No Improvement Notify Healthcare Provider

Common Triggers to Avoid



COLD AIR



MOLD



DUST MITES



PET DANDER



RESPIRATORY INFECTIONS



SMOKE



STRONG ODORS



POLLEN

Asthma Action Plan

My Questions for the Provider

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

Notes and Provider Recommendations

A background image of a field of white daisies with green grass, overlaid with ten horizontal black lines for writing.