# Asthma Action Plan

## ACT SCORE: 

<table>
<thead>
<tr>
<th>IMPORTANT INFO</th>
<th>EXERCISE-INDUCED FLARE-UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Instructions for an exercise-induced asthma flare-up</td>
</tr>
<tr>
<td>Date:</td>
<td>Medicine:</td>
</tr>
<tr>
<td>Doctor name:</td>
<td>How much:</td>
</tr>
<tr>
<td>Doctor phone:</td>
<td>When:</td>
</tr>
<tr>
<td>Emergency contact:</td>
<td>Additional instructions:</td>
</tr>
<tr>
<td>Emergency phone:</td>
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</tr>
</tbody>
</table>

### TRIGGERS:
- ☐ pollen
- ☐ mold
- ☐ dust mites
- ☐ animals
- ☐ smoke
- ☐ food
- ☐ exercise
- ☐ cold/flu
- ☐ weather
- ☐ air pollution
- ☐ other

## The GREEN Zone (also known as the safety zone)

**Symptoms**
- Breathing is easy
- No cough or wheeze
- Can do usual activities
- Can sleep through the night

**Use these controller medicines as listed:**

<table>
<thead>
<tr>
<th>Medicine</th>
<th>How much</th>
<th>How often / when</th>
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**Peak flow from** _______ to _______

## The YELLOW Zone (also known as the caution zone)

**Symptoms**
- Some shortness of breath
- Cough, wheeze, or chest tightness
- Some difficulty doing usual activities
- Sleep disturbed by symptoms
- Symptoms of a cold or flu

**Continue with controller medicines as above, and add these rescue medicines:**

<table>
<thead>
<tr>
<th>Medicine</th>
<th>How much</th>
<th>How often / when</th>
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<tbody>
<tr>
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**Peak flow from** _______ to _______

**Call your doctor if:**

## The RED Zone (also known as the danger zone)

**Symptoms**
- Severe breathing problems
- Cannot do usual activities
- Difficulty walking and talking
- Rescue medicine is not helping

**Take this medicine and call the doctor now!**

<table>
<thead>
<tr>
<th>Medicine</th>
<th>How much</th>
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**Peak flow from** _______ to _______

**If symptoms don’t improve and you can’t contact the doctor, go to the hospital or call 911.**

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**Physician Signature** ________________________________ **Date** 

**Patient/Parent Signature** ________________________________ **Date** 

**DATE REVIEWED** ________________________________ **Date** 

**DATE COPY WAS PROVIDED TO MEMBER** ________________________________ **Date** 

**IF PLAN WAS MAILED, DATE OF MAILING** ________________________________ **Date**