

Date \_\_\_\_\_ Patient name \_\_\_\_\_ DOB \_\_\_\_\_

MD \_\_\_\_\_ EMPI \_\_\_\_\_  Reviewed with: patient /guardian Verbalized understanding  yes  no

# ASTHMA ACTION PLAN

- Breathing is easy
- No coughing
- No wheezing
- No shortness of breath
- Can work, play, and sleep easily
- Using quick-relief medication less than twice a week
- Other: \_\_\_\_\_



*Doing well*

*maintain therapy*

Avoid these asthma TRIGGERS: \_\_\_\_\_

Take CONTROLLER medication: \_\_\_\_\_

Take QUICK-RELIEF medication before exercise or exposure to a trigger: \_\_\_\_\_

Keep ORAL STEROIDS on hand: use in yellow and/or red zone as outlined below.

- Coughing
- Wheezing
- Shortness of breath
- Difficulty with physical activity
- Waking at night
- Tightness in chest
- Other: \_\_\_\_\_



*Asthma is getting worse*

*step up therapy*

Add QUICK-RELIEF medication: \_\_\_\_\_

Monitor your symptoms and:

• If symptoms **GO AWAY** quickly, return to the green zone.

• If symptoms **CONTINUE** or **RETURN** within a few hours:

Call/see your healthcare provider \_\_\_\_\_

INCREASE \_\_\_\_\_ (quick-relief)

ADD \_\_\_\_\_ (oral steroids)

\_\_\_\_\_

- Medication is not helping
- Breathing is very difficult
- Cannot walk or play
- Cannot talk easily
- Other: \_\_\_\_\_



*Medical alert!*

*get help now*

**GO TO an URGENT CARE CLINIC or HOSPITAL emergency room immediately** — or **CALL 911.**

As you wait for help:

• **CONTINUE** taking quick-relief medication.

• **Continue or ADD** \_\_\_\_\_ mg oral steroids (if not already taking)

*Asthma symptoms can get worse quickly. When in doubt, seek medical help.*

