

# ASTHMA ACTION PLAN



Asthma and Allergy Foundation of America  
aafa.org

Name:	Date:
Doctor:	Medical Record #:
Doctor's Phone #: Day	Night/Weekend
Emergency Contact:	
Doctor's Signature:	

The colors of a traffic light will help you use your asthma medicines.



- GREEN means Go Zone!**  
Use preventive medicine.
- YELLOW means Caution Zone!**  
Add quick-relief medicine.
- RED means Danger Zone!**  
Get help from a doctor.

Personal Best Peak Flow: \_\_\_\_\_

## GO Use these daily controller medicines:

**You have all of these:**

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work & play

**Peak flow:**  
from \_\_\_\_\_  
to \_\_\_\_\_

MEDICINE	HOW MUCH	HOW OFTEN/WHEN
For asthma with exercise, take:		

## CAUTION Continue with green zone medicine and add:

**You have any of these:**

- First signs of a cold
- Exposure to known trigger
- Cough
- Mild wheeze
- Tight chest
- Coughing at night

**Peak flow:**  
from \_\_\_\_\_  
to \_\_\_\_\_

MEDICINE	HOW MUCH	HOW OFTEN/ WHEN
CALL YOUR ASTHMA CARE PROVIDER.		

## DANGER Take these medicines and call your doctor now.

**Your asthma is getting worse fast:**

- Medicine is not helping
- Breathing is hard & fast
- Nose opens wide
- Trouble speaking
- Ribs show (in children)

**Peak flow:**  
reading below \_\_\_\_\_

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

**GET HELP FROM A DOCTOR NOW! Your doctor will want to see you right away. It's important! If you cannot contact your doctor, go directly to the emergency room. DO NOT WAIT.**

Make an appointment with your asthma care provider within two days of an ER visit or hospitalization.