

My Asthma Plan

You can complete the highlighted fields on this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

My Name:

Doctor's Name:

Doctor's Phone:

Controller Medicine	How Much?	How Often?	Other Instructions
Quick-Relief Medicine	How Much?	How Often?	Other Instructions

GREEN ZONE This is where I want to be!	YELLOW ZONE My asthma is getting worse.	RED ZONE Danger!
<p>Symptoms</p> <ul style="list-style-type: none"> I have no shortness of breath, cough, wheezing, or chest tightness. I can do all of my usual activities. I sleep well at night. <p>Peak flow</p> <ul style="list-style-type: none"> _____ or more (80% or more of my personal best) <p>Actions</p> <p><input type="checkbox"/> Take controller medicine(s) every day.</p> <p><input type="checkbox"/> Avoid asthma triggers.</p> <p><input type="checkbox"/> _____ minutes before exercise, take quick-relief medicine called _____.</p>	<p>Symptoms</p> <ul style="list-style-type: none"> I'm coughing or wheezing or have chest tightness or shortness of breath. Symptoms keep me up at night. I can do some but not all of my usual activities. <p>Peak flow</p> <ul style="list-style-type: none"> _____ to _____ (50% to 79% of my personal best) <p>Actions</p> <p><input type="checkbox"/> Take _____ puff(s) of my quick-relief medicine called _____.</p> <p>Repeat _____ times.</p> <p><input type="checkbox"/> If my symptoms don't get better or my peak flow has not returned to the green zone in 1 hour, then:</p> <p><input type="checkbox"/> Take _____ puff(s) of my medicine called _____.</p> <p>Take it _____ times a day.</p> <p><input type="checkbox"/> Begin or increase treatment with corticosteroid pills. Take _____ mg of _____ _____ times a day.</p> <p><input type="checkbox"/> Call my doctor at _____.</p>	<p>Symptoms</p> <ul style="list-style-type: none"> I'm very short of breath. I can't do my usual activities. Quick-relief medicine doesn't help, or my symptoms don't get better after 24 hours in the yellow zone. <p>Peak flow</p> <ul style="list-style-type: none"> _____ or lower (less than 50% of my personal best) <p>Actions</p> <p><input type="checkbox"/> Take _____ puff(s) of my quick-relief medicine called _____.</p> <p>Repeat _____ times.</p> <p><input type="checkbox"/> Begin or increase treatment with corticosteroid pills. Take _____ mg now.</p> <p><input type="checkbox"/> Call my doctor at _____.</p> <p>If I cannot contact my doctor, I need to go to the emergency department.</p> <p>Call 911 or _____.</p> <p><input type="checkbox"/> Other numbers I might call are: _____ _____</p> <p>EMERGENCY: If it's hard to walk or talk because of shortness of breath or if my lips or fingertips are blue, I need to CALL 911 or go to the hospital for help right away.</p>