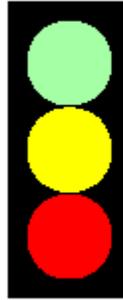


# Asthma Action Plan

see attached DD Form 2005 for Privacy Act Statement

**Patient Identification:**



The colors of a traffic light will help You use your asthma medicine.

**Green means Go Zone!**  
Use controller medicine.

**Yellow means Caution Zone!**  
Add quick-relief medicine.

**Red means Danger Zone!**  
Get help from a doctor.

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

**GO – You're Doing Well!** ➔ **Use these daily controller medicines:**

You have all of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can go to school and play



Peak flow from \_\_\_\_\_ to \_\_\_\_\_

Medicine/Route	How Much	How Often/When

Before exercise or extreme weather:

Albuterol with spacer \_\_\_\_\_  2 or  4 puffs 20-30 minutes prior.

**CAUTION – Slow Down!** ➔ **Continue with green zone medicine and add:**

**10 DAYS TREATMENT**

You have any of these:

- First signs of a cold
- Cough
- Mild wheeze
- Tight Chest
- Coughing, wheezing, or trouble breathing at night



Peak flow from \_\_\_\_\_ to \_\_\_\_\_

Medicine/Route	How Much	How Often/When

**DANGER – Get Help!** ➔ **Take these medicines and call your doctor now.**

Your asthma is getting worse fast:

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Ribs show
- Can't talk well



Peak flow from \_\_\_\_\_ to \_\_\_\_\_

Medicine/Route	How Much	How Often/When

Asthma Severity Level: \_\_\_ Mild Intermittent \_\_\_ Mild Persistent \_\_\_ Moderate Persistent \_\_\_ Severe Persistent

Comments: Get flu shot yearly, avoid exposure to smoke, take medicine as instructed to prevent asthma attacks

Prepared By (Signature & Title)	Department/Service/Clinic	Date
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