

ASTHMA ACTION PLAN

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

Work with your care provider to complete your asthma action plan. Keep a hard copy at home and keep a digital copy on your phone. Give a copy to a family member.

These colors will help you use your asthma medications.
Green means Go Zone - use preventive medication
Yellow means Caution Zone - add quick-relief medication
Red means Danger Zone - get help from a doctor

GO	Use these daily controller medications:		
You have all of these: Breathing is good No cough or wheezing Sleep through the night Can work and play	Medication	How Much	How Often/When
	For asthma with exercise, take:		



CAUTION	Continue with green zone medication and add:		
You have any of these: First signs of a cold Exposure to a known trigger Cough Mild wheezing Tight chest Coughing at night	Medication	How Much	How Often/When
	Call your asthma care at-home visit.	provider or request Ac	cadian Health for an

DANGER	Take these medications and call your doctor now.		
Your asthma is getting worse fast: Medicine is not helping Breathing is hard and fast Nose opens wide Trouble speaking Ribs show (in children)	Medication GET HELP FROM A DO	How Much OCTOR NOW. Your doct cannot contact your doc	How Often/When or will want to see
	Make an appointment with your asthma care provider or request Acadian Health within two days of an ER visit or hospitalization.		