

# Asthma Action Plan

Medical Record #:

Updated On:

[To be completed by health care provider]

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact/Phone \_\_\_\_\_

Health Care Provider Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Asthma Severity:**  Intermittent     Mild Persistent     Moderate Persistent     Severe Persistent

**Asthma Triggers:**  Colds     Exercise     Animals     Dust     Smoke     Food     Weather     Other

**If Feeling Well (Green Zone)      Take Every Day Long – Term Control Medicines**

You have **all of these:**

- Breathing is good
- No cough or wheeze
- Can work/play
- Sleeps all night

Peak flow in this area:  
\_\_\_\_\_ to \_\_\_\_\_

MEDICINE:	HOW MUCH:	WHEN TO TAKE IT:

*5-15 minutes before exercise use this medicine*

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**If Not Feeling Well (Yellow Zone)      Take Every Day Medicines and Add these Quick-Relief Medicines**

You have **any of these:**

- Cough
- Wheeze
- Tight chest
- Coughing at night

Peak flow in this area:  
\_\_\_\_\_ to \_\_\_\_\_

MEDICINE:	HOW MUCH:	WHEN TO TAKE IT:

*Call doctor if these medicines are used more than two days a week.*

**If Feeling Very Sick (Red Zone)      Take These Medicines and Get help from a Doctor NOW!**

Your asthma is getting **worse fast:**

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

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

MEDICINE:	HOW MUCH:	WHEN TO TAKE IT:

**SEEK EMERGENCY CARE or CALL 911 NOW if: Lips are bluish, Getting worse fast, Hard to breathe, Can't talk or cry because of hard breathing or has passed out**

**Make an appointment with your primary care provider within two days of an ER visit or hospitalization**

Health Care Provider Signature \_\_\_\_\_

Date \_\_\_\_\_

Patient/Guardian Signature [I have read and understood these instructions] \_\_\_\_\_

Date \_\_\_\_\_

**NYC Health** New York City Department of Health and Mental Hygiene  
Michael R. Bloomberg, Mayor  
Thomas A. Farley M.D., M.P.H., Commissioner  
nyc.gov/health

New York City Asthma Initiative  
Adapted from Finger Lakes Asthma Action Plan and NHLBI  
Revised 08/08

WHITE - PATIENT COPY  
PINK - SCHOOL/DAY CARE COPY  
YELLOW - PROVIDER COPY

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