**ASTHMA ACTION PLAN**

- Breathing is easy
- No coughing
- No wheezing
- No shortness of breath
- Can work, play, and sleep easily
- Using quick-relief medication less than twice a week
- **PEAK FLOW**
  - 80% – 100% of personal best
  - ___________ – ___________

- Using quick-relief medication more than twice a week*
- Coughing
- Wheezing
- Shortness of breath
- Difficulty with physical activity
- Waking at night
- Tightness in chest
- **PEAK FLOW**
  - 50% – 80% of personal best
  - ___________ – ___________

* You might need a change in your treatment plan

Avoid these asthma triggers:

Take **CONTROLLER** medication:

Take **QUICK-RELIEF** medication:
- Before exercise: ____________________________
- Before exposure to a trigger: ____________________________

Keep ORAL STEROIDS on hand in case you fall into STEP 3 of the yellow zone or into the red zone.

**STEP 1: Add QUICK-RELIEF medication:**

**STEP 2: Monitor your symptoms:**
- If symptoms GO AWAY quickly, return to the green zone.
- If symptoms CONTINUE or return within a few hours:
  - Add ____________________________

**STEP 3: Continue monitoring your symptoms:**
- If symptoms CONTINUE after step 2 treatment:
  - Add ____________________________ oral steroid medication
  - Call your healthcare provider: ____________________________

- Call your healthcare provider: ____________________________
  - If you can’t reach your healthcare provider quickly, go to the nearest hospital emergency room or call 911 immediately.
  - Go to the hospital emergency room or call 911 immediately.
    - If you have an oral steroid at home, take _________mg of ____________________________ as you leave for the hospital.
    - Continue to use your quick-relief medication ____________________________ as you go to the emergency room.

Asthma symptoms can get worse quickly. When in doubt, seek medical help.