

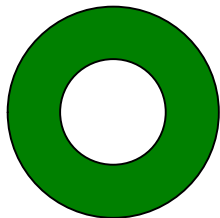
Asthma Action Plan

Predicted best peak flow _____ Based on _____ height

Category of Severity—Check one: _____ Mild Intermittent _____ Mild Persistent _____ Moderate Persistent _____ Severe Persistent

Peak Flow _____

CONTROLLED
Green Zone is 80-100%
of best.
This is where you should
be every day.



Green Zone Action Steps

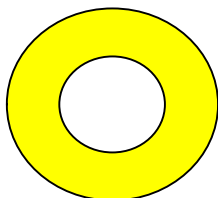
1. Peak flow monitoring _____ times a day every day *and* after rescue medicine. Record peak flows as instructed.
2. Avoid triggers that bring on your asthma (smoke, cold weather, allergens and infections).
3. Take _____
10-15 minutes before exercise *if needed*.
4. Take your daily Green Zone maintenance medicines as follows:

5. If symptomatic with wheezing, take: _____

➡ **Examples of rescue medicines are albuterol (proventil or ventolin), maxair and brethaire.**

Peak Flow _____

CAUTION
Yellow Zone is 50-80%
of best.
Take action to get your
asthma under control.



Yellow Zone Action Steps

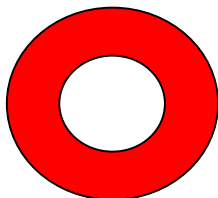
1. Tell an adult.
2. Take _____

3. *Always* repeat your peak flow 10-15 minutes after taking your rescue medicine.
4. Keep taking your Green Zone maintenance medicines

➡ **Let your doctor know if you keep going into the yellow Zone or if you stay in the Yellow Zone 24-48 hours. Your Green Zone maintenance medicine may need to be changed.**

Peak Flow _____

EMERGENCY
Red Zone is below 50% of best.
Your asthma symptoms
are serious!



Red Zone Action Steps

1. Tell an adult.
2. Take _____ immediately and repeat peak flow in 10 minutes.
3. If you are not back in your Yellow/Green Zone, _____

4. Call your doctor at _____ to notify him or her of your Red Zone event.

OR

➡ **See your doctor right away if your lips or fingernails are blue or if you are struggling to breathe after taking your medicine.**

Child's Name _____ Child's Date of Birth _____

Date _____ School _____

Pharmacy _____

Doctor's Name and Number _____

The original should be given to the patient and a copy of this plan given to the doctor, school, pharmacy and asthma program.

Revised with permission from the Pediatric Asthma Program of the Children's Hospital, University Health Systems of Eastern Carolina June 1999 (RL 5.9)

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