



ASTHMA ACTION PLAN

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

Patient's Name	DOB	Effective Date ___/___/___ to ___/___/___
Doctor's Name	Parent/ Guardian's Name	
Doctor's Office Phone Number	Parent/ Guardian's Phone Number	
Emergency Contact after Parent	Contact Phone	



Personal Best Peak Flow: _____
Personal Peak Flow Ranges

RED means Danger Zone! --
Get help from a doctor. _____

YELLOW means Caution Zone! Add prescribed yellow medicine. _____

GREEN means Go Zone! --
Use preventive medicine. _____

GO (Green) → Use these medications every day.

- You have all of these:
- Breathing is good.
 - No cough or wheeze.
 - Sleep through the night.
 - Can work and play.

And/ or
personal
peak flow
above
80 %

Medicine/ Dosage	How much to take	When to take it
Comments		
For exercise, take:		

- Trigger List:**
- Chalk dust
 - Cigarette smoke
 - Colds/Flu
 - Dust or dust mites
 - Stuffed animals
 - Carpet
 - Exercise
 - Mold
 - Ozone alert days
 - Pests
 - Pets
 - Plants, flowers, cut grass, pollen
 - Strong odors, perfume, cleaning products
 - Sudden temperature change
 - Wood smoke
 - Foods: _____
 - Other: _____

CAUTION (Yellow) → Continue with green zone medicine and ADD:

- You have any of these:
- First sign of a cold.
 - Exposure to a known trigger.
 - Cough.
 - Mild wheeze.
 - Tight chest.
 - Cough at night.

And/ or
personal
peak flow
from
80%

To
50%

Medicine/ Dosage	How much to take	When to take it
Comments		

If Quick Reliever/ Yellow Zone medicines are used more than 2 to 3 times per week, CALL your Doctor.

DANGER (Red) → Take these medicines and call your doctor.

- Your asthma is getting worse fast:
- Medicine is not helping within 15-20 minutes.
 - Breathing is hard and fast.
 - Nose opens wide.
 - Ribs show.
 - Lips blue.
 - Fingernails blue.
 - Trouble walking or talking.

And/ or
personal
peak flow
below
50%

Medicine/ Dosage	How much to take	When to take it
Comments		

GET HELP FROM A DOCTOR NOW!

If you cannot contact your doctor, go directly to the emergency room.
DO NOT WAIT.

Adapted from: NYC DOHMH and Pediatric/ Adult Asthma Coalition of New Jersey.

For additional forms please call: 410-799-1940

www.fha.state.md.us/mch
White Copy- Patient

www.MarylandAsthmaControl.org
Pink Copy- School

www.mdaap.org
Yellow Copy- Doctor