Student Asthma Action Plan

My Triggers: __________________________________ My Best Peak Flow: __________________
__________________________________________

Medication  Dose  Frequency
GREEN ZONE
Peak Flow: __________ (80% of my best peak flow)
--- My Controller Medicine......I take these daily
--- 5 minutes before exercise I take: ____________________________

YELLOW ZONE
Peak Flow: __________ (50-79% of my best peak flow)
1st: - Add quick relief medicine and keep taking your Green Zone Medicine
      ____________________________
      (Quick Relief Med)
2nd: Did your symptoms improve and your peak flow return to the Green Zone within 1 hour?
      YES– continue monitoring
      NO, take these medications:
      Medication: ____________________________
      Medication: ____________________________
      Call Doctor before/within ________ hours of taking medication

RED ZONE
Peak Flow: __________ (50% of my best peak flow)
--- Take this medication:
      ____________________________
--- Call your doctor NOW
--- If still in Red Zone after 15 minutes AND have not reached your doctor then, GO TO HOSPITAL OR CALL 911

No Cough, no wheeze, no shortness of breath

No Cough, no wheeze, no shortness of breath

-I am coughing, wheezing and/or short of breath
-I can perform some but not all of my daily activities

-I am VERY SHORT OF BREATH
-My quick relief MEDS ARE NOT HELPFUL
-I cannot do usual activities