## **Asthma Action Plan**

Name:  Date:  MRN:  DOB:		
G	reen Zone: Doing Well	Do These Things Every Day!
	<ul> <li>All of these are true:</li> <li>Breathing is great!</li> <li>No coughing or wheezing</li> <li>Asthma does not bother sleep or exercise</li> </ul>	Take these medicines every day:  Medicine How to take How Often  Use 15-20 minutes before exercise:  Watch out for these triggers:
Yellow	Zone: Symptoms Starting	Start Relief Medicine!
<u>!</u>	Any of these are happening:      Getting a cold     Coughing a lot     Wheezing     Having trouble breathing	Medicine How to take How Often  Keep taking Green Zone Medicine
Ora	inge Zone: IN TROUBLE	CALL YOUR DOCTOR FOR HELP!
	<ul> <li>Relief medicine is not working:</li> <li>Medicine not lasting 4 hours – symptoms coming back too soon</li> <li>Constant coughing</li> <li>Awake all night from asthma</li> <li>Needing more than 4 doses of relief medicine in one day</li> </ul>	Doctor's Name:  Doctor's Phone Number:  Medicine How to take How Often  If you cannot reach your doctor and symptoms
-	Red Zone: IN DANGER	continue, go to urgent care or ER  GET HELP NOW!
ER	Breathing is bad:      Gasping (breathing hard and fast)     Ribs show when breathing     Neck or stomach caving in     Hard to talk or walk	Go to Closest ER or Dial 9-1-1  On the way take:  Medicine How to take How Often

