Asthma Action Plan

ASTHMA ACTION PLAN

Patient information: _____ **Date:** _____ dd / mm / yyyy

Doctor's signature:
Personal best peak flow: _____

GO

Use these daily preventative anti-inflammatory medicines

You have all of these: Breathing is good, no cough or wheeze, sleep through the night, can work and play.

Peak flow: _____

Medicine:

For asthma with exercise, take:

CAUTION

Continue with the GO zone medication and add

You have any of these: First signs of a cold, exposure to known trigger, cough, mild wheeze, tight chest, coughing at night.

Peak flow: _____

Medicine:

CALL YOUR PRIMARY CARE PROVIDER

DANGER

Take the following medicines and call your doctor NOW.

Your asthma is getting worse: Medication is not working, breathing is hard and fast, the nose opens wide, ribs show, can't talk well.

Peak flow below: _____

Medicine:

GET HELP FROM A DOCTOR NOW! IF YOU CANNOT CONTACT YOUR DOCTOR, GO DIRECTLY TO EMERGENCY ROOM, DON'T WAIT.