# Asthma Action Plan

An Asthma Action Plan can help you manage your asthma from day to day. It is based on your symptoms and peak flow numbers. Work with your doctor to complete this Asthma Action Plan. Use it every day to manage your asthma symptoms and help keep your asthma under control.

**NOTE:** Your doctor can tell you when and how often you should take your peak flow reading.

## How Are My Symptoms Today?

### Doing Well

**Green Zone:** Go
- No cough, wheeze, or shortness of breath
- Sleeping through the night
- Can do usual activities (work, play)
- Don’t need quick-relief (rescue) medicine most days

**or** Peak Flow: __________

**THEN...**

**TAKE:**
- Controller medicine
- Medicine: ____________________________
  - How much: _____________________________
  - When: _____________________________
- Medicine: ____________________________
  - How much: _____________________________
  - When: _____________________________
- Medicine: ____________________________
  - How much: _____________________________
  - When: _____________________________

### Symptoms Worse

**Yellow Zone:** Caution
- Cough, wheeze, or shortness of breath, chest tightness
- Waking at night due to asthma symptoms
- Can do some but not all usual activities
- Using more quick-relief (rescue) medicine

**or** Peak Flow: __________

**NOW...**

**ADD: Green Zone Medicine**
- Medicine: ____________________________
  - How much: _____________________________
  - When: _____________________________
- Medicine: ____________________________
  - How much: _____________________________
  - When: _____________________________
- Medicine: ____________________________
  - How much: _____________________________
  - When: _____________________________

### Symptoms Severe

**Red Zone:** Danger
- Very short of breath, ribs show
- Quick-relief (rescue) medicine has not helped
- Cannot do usual activities
- Symptoms in the yellow zone are the same after 24 hours or are worse

**or** Peak Flow: __________

**Call Your Doctor NOW!**

**ADD ADDITIONAL:**
- Medicine: ____________________________
  - How much: _____________________________
  - When: _____________________________
- Medicine: ____________________________
  - How much: _____________________________
  - When: _____________________________
- Medicine: ____________________________
  - How much: _____________________________
  - When: _____________________________

**DANGER**

**CALL 911 or Go to the Hospital**

**IF**
- You have trouble walking or talking
- Your lips or fingernails are blue
- You are feeling faint

### Before Exercise Take:

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