

ASTHMA ACTION PLAN

Date _____ Patient name _____ DOB _____

MD _____ MRN _____ Reviewed with: guardian/patient Verbalized understanding yes no

- Breathing is easy
- No coughing
- No wheezing
- No shortness of breath
- Can work, play, and sleep easily
- Using quick-relief medication less than twice a week



Avoid these asthma triggers: _____

Take **CONTROLLER** medication: _____

Take **QUICK-RELIEF** medication:

Before exercise: _____

Before exposure to a trigger: _____

- Using quick-relief medication more than twice a week*
- Coughing
- Wheezing
- Shortness of breath
- Difficulty with physical activity
- Waking at night
- Tightness in chest



STEP 1: Add **QUICK-RELIEF** medication:

STEP 2: Monitor your symptoms:

- If symptoms **GO AWAY** quickly, return to the green zone.
- If symptoms **CONTINUE** or return within a few hours:

Add _____

STEP 3: Continue monitoring your symptoms:

- If symptoms **CONTINUE** after step 2 treatment:

Add _____
oral steroid medication

Call your healthcare provider: _____

- Medication is not helping
- Breathing is very difficult
- Cannot walk or play
- Cannot talk easily



Call your healthcare provider: _____

If you can't reach your healthcare provider quickly, go to the nearest hospital emergency room or call 911 immediately.

Go to the hospital emergency room or call 911 immediately.

• If you have an oral steroid at home, take _____ mg of _____ as you leave for the hospital.

• Continue to use your quick-relief medication _____ as you go to the emergency room.

Asthma symptoms can get worse quickly. When in doubt, seek medical help.