# New York State Department of Health
## Asthma Action Plan

### Handout 8.4

### Asthma Action Plan

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>Medical Record #</td>
</tr>
<tr>
<td>Doctor's Office Phone #: Day</td>
<td>Night/Weekend</td>
</tr>
<tr>
<td>Emergency Contact</td>
<td></td>
</tr>
<tr>
<td>Doctor's Signature</td>
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</tbody>
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**GO**

You have **all** of these:
- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work and play

The Colors of a traffic light will help you use your asthma medicines.

- **Green** means Go Zone!
  - Use preventive medicine.
- **Yellow** means Caution Zone!
  - Add quick-relief medicine.
- **Red** means Danger Zone!
  - Get help from a doctor.

Personal Best Peak Flow __________

**CAUTION**

You have **any** of these:
- First signs of a cold
- Exposure to known trigger
- Cough
- Tight chest
- Mild wheeze
- Coughing at night

Peak flow from _______ to _______

**DANGER**

Your asthma is getting worse fast:
- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Ribs show
- Can’t talk

Peak flow reading below

**Use these daily preventive anti-inflammatory medicines:**

<table>
<thead>
<tr>
<th>MEDICINE</th>
<th>HOW MUCH</th>
<th>HOW OFTEN/WHEN</th>
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For asthma with exercise, take:

**Continue with green zone medicine and add:**

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CALL YOUR PRIMARY CARE PROVIDER.

**Take these medicines and call your doctor now.**

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GET HELP FROM A DOCTOR NOW! Do not be afraid of causing a fuss. Your doctor will want to see you right away. It's important! If you cannot contact your doctor, go directly to the emergency room. DO NOT WAIT.

Make an appointment with your primary care provider within two days of an ER visit or hospitalization.