

Asthma Action Plan

Patient Information

Patient Name:	Date:
Doctor's Name:	Medical Record Number:
Doctor's Phone Number: Day	Night/Weekend
Emergency Contact Name:	Phone Number:
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 from to

Medicine	Dosage	Frequency
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
For asthma with exercise, take:	<input type="text"/>	<input type="text"/>

Caution: Continue with 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 from to

Medicine	Dosage	Frequency
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

CALL YOUR PRIMARY CARE PROVIDER

GO: Use these daily preventative anti-inflammatory medicines

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

Peak flow below

Medicine	Dosage	Frequency
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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