I want to be able to:	



My asthma action plan

Patient name:		OOB:	Dedicated to All B
Doctor's name:		Signature:	
Doctor's phone #:		Date:	-
Controller medicines	How much to take	How often	Other instructions
		times per day	☐ Gargle or rinse mouth after use
		times per day	
		times per day	
Quick-relief medicines	How much to take	How often	Other instructions
	□ 2 puffs □ 4-6 puffs □ 1 nebulizer treatment	Take ONLY as needed (see below — starting in Yellow Zone or before excercise)	NOTE: If you need this medicine more than 2 days a week, call your doctor.
Asthma triggers (check all tha ☐ Exercise ☐ Change in te ☐ Pollens ☐ Respiratory	emperature 🗖 Molds	☐ Animals ☐ Strong ☐ Strong emotions	odors or fumes
Special ins	tructions when I am	Doing well 🔵 Be ca	reful Ask for help
Doing well. No coughing, wheezing, of tightness, shortness of broduring the day or night Can go to school and play	eath	Take my col	nma symptoms every day: ntroller medicines (above) every day rcise, take puff(s) of ers that make my asthma worse)
Be careful. Coughing, wheezing, chest tightness, shortness of breath Waking at night due to asthma symptoms Can do some, but not all, usual activities Runny nose, watery eyes		CAUTION. Continue taking my controller medicines every day. Take puffs or nebulizer treatment(s) of quick relief medicine. If I am not back in the Green Zone within one hour, then I should: Continue using quick relief medicine every 4 hours as needed. Call provider if not improving in days. Increase	
Ask for help. • Very short of breath • Continual coughing • Skin between ribs is pullin • Difficulty speaking withou out of breath • Quick-relief medicines have not helped • Symptoms same or worse hours in Yellow Zone	t running	Take quick- minutes and Take	ERT! Get help! relief medicine: puffs every d get help immediately.

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Call 911 for help or go to the nearest Emergency Department