

Massachusetts Adult Asthma Action Plan

Name: _____

Date of birth: _____

Drug allergies: _____

Emergency contact: _____ Phone: _____

Doctor/nurse: _____ Phone: _____

Needs flu shot

Your personal best peak flow: _____

Avoid things that make your asthma worse: _____

Date: _____

Next visit: _____

Prepared by: _____

Bring this plan to every visit

greenzone-go **Take these medicines to control your asthma**

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can perform usual daily activities
- This is how you should feel every day



Medicine	How much	When

Peak flow (100%-80%) from _____ to _____

yellowzone-caution **Take these medicines to get your asthma under control**

- Cough
- Mild wheeze
- Tight chest
- Trouble breathing
- Wake up at night
- First signs of a cold



Medicine	How much	When	How long

- Continue "green zone" controller medicines
- Use a spacer with _____

If symptoms do not improve within _____ hours, call your doctor/nurse. Let your doctor/nurse know if you keep going into the yellow zone. The green zone medicines may need to be changed to keep other episodes from starting.

Peak flow (80%-50%) from _____ to _____

redzone-danger **Take action right away**

- Breathing hard & fast
- Difficulty walking and talking
- Working hard to breathe



Medicine	How much	How long

- DANGER SIGNS- Call 911 or go to the nearest emergency room if:**
- Lips or fingernails are blue
 - You are struggling to breathe
 - You do not feel any better 15 minutes after you start the red zone medicines and you have not reached your doctor/nurse

Peak flow (less than 50%) _____

Contact your doctor/nurse within two days of an emergency room visit or hospitalization.