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Asthma Action Plan

Name _____

Date _____

GREEN ZONE: Doing Well

- No cough, wheeze, chest tightness or shortness of breath day or night
- Can do usual activities

And, if a peak flow meter is used,

Peak flow: more than _____ (80% of my best peak flow)

My best peak flow is: _____

Take These Long-Term -Control Medicines Each Day

Medicine	How Much to Take	When to Take it

YELLOW ZONE: Asthma Is Getting Worse

- Cough, wheeze, chest tightness or shortness of breath, or
- Waking at night due to asthma, or
- Can do some but not all usual activities

-Or-

Peak flow: _____ to _____ (50% to 80% of my best peak flow)

First, add the following quick-relief medicine—and keep taking your GREEN ZONE medicine _____

- 2 puffs every 20 minutes for up to one hour
- _____ by nebulizer, may repeat in 30 minutes

Second, if your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of the above treatment:

- Take the quick-relief medicine every 4 hours for 1 to 2 days

-Or-

If your symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour

- Call the doctor
- _____
- _____

RED ZONE: Medical Alert!

- Very short of breath, or
- Quick-relief medicines have not helped, or
- Cannot do usual activities, or
- Symptoms are same or get worse after 24 hours in YELLOW ZONE

-Or-

Peak flow: less than _____ (50% of my best peak flow)

Take This Medicine: _____

- 2 puffs every 20 minutes up to 1 hour, or
- _____ by nebulizer, may repeat in 30 minutes
- Begin oral corticosteroid _____
- Call the doctor, or if necessary go to the emergency department or call 911

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