Yes2Breathe

ASTHMA ACTION PLAN

Name: ..... Date: .....

Emergency Contact: ..... Relationship: .....

Cell Phone: ..... Work Phone: .....

Healthcare Provider: ..... Phone Number: .....

Personal Best Peak Flow: .....

GREEN ZONE:

Doing well

✔ No coughing, wheezing, chest tightness or difficulty breathing

✔ Can work, play, exercise and perform usual activities without symptoms

OR

Peak flow .....

to .....

(80% to 100% of personal best)

Take these medicines every day for control and maintenance:

Medicine	How much to take	When and how often

YELLOW ZONE:

Caution/Getting Worse

✔ Coughing, wheezing, chest tightness, or difficulty breathing

✔ Symptoms with daily activities, working, playing and exercise

✔ Nighttime awakenings with symptoms

OR

Peak flow .....

to .....

(50% to 80% of personal best)

CONTINUE your Green Zone medicines PLUS take these quick-relief medicines:

Medicine	How much to take	When and how often

Call your doctor if you have been in the Yellow Zone for more than 24 hours. Also call your doctor if:

.....

RED ZONE:

Alert

✔ Difficulty breathing, coughing and wheezing not helped with medication

✔ Trouble walking or talking due to asthma symptoms

✔ Not responding to quick-relief medication

OR

Peak flow is less than

.....

(50% of personal best)

For extreme trouble breathing/shortness of breath, **GET IMMEDIATE HELP!**
Take these quick-relief medicines:

Medicine	How much to take	When and how often

Call your doctor NOW. Go to the hospital/emergency department or CALL for an ambulance NOW.

References: 1. American Academy of Allergy, Asthma & Immunology, Asthma Action Plan. Available at: https://www.aaaai.org/Aaaai/media/Media-Library-PDFs/Conditions%20Treatments/Asthma/Asthma-Action-Plan.pdf. Last accessed: 6 March 2026.

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