

# Asthma Self-Management Plan

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Every day—your personal peak flow goal: \_\_\_\_\_

Do not smoke and avoid secondhand smoke.

## Green Zone: All Clear

If you have:

- ✓ No shortness of breath
- ✓ Ability to do usual activities
- ✓ If a peak flow meter is used: Peak flow: more than \_\_\_\_\_ (80% or more of my best peak flow)
- ✓ My best peak flow: \_\_\_\_\_



## What this could mean:

- ✓ Your symptoms are under control
- ✓ Continue taking your controller medication as ordered
- ✓ Continue to monitor peak flow
- ✓ Keep all physician appointments

## Yellow Zone: Caution

If you have **any** of the following:

- ✓ Cough, wheeze, chest tightness, or shortness of breath
- ✓ Waking at night due to asthma
- ✓ Can do some, but not all, usual activities
- ✓ Peak flow: \_\_\_\_\_ to \_\_\_\_\_ (50–80% of my best peak flow)
- ✓ Anything else unusual that bothers you

***If you notice a Yellow Caution, work closely with your healthcare team.***



## What this could mean:

- ✓ Your asthma is getting worse
- ✓ You may need a medication adjustment
- ✓ Eliminate triggers
- ✓ Stop strenuous exercise
- ✓ Add reliever medication: \_\_\_\_\_

**Call your doctor, nurse, or home health nurse.**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Instructions: \_\_\_\_\_

## Red Zone—Stop and Think!

If you have **any** of the following:

- ✓ Very short of breath, trouble walking and talking due to shortness of breath, or skin color is pale or gray
- ✓ Quick-relief medications have not helped
- ✓ Cannot do usual activities or symptoms are same or get worse after 24 hours in the Yellow Caution area
- ✓ Peak flow: less than \_\_\_\_\_ (50% of my best peak flow)
- ✓ Fingernails or lips are blue



## What this could mean:

- ✓ **If you experience any Red Zone symptoms, call 9-1-1 and notify your physician right away**

Physician Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

American Lung Association. file:///C:/Users/pcruz/Downloads/asthma-action-plan-2020.pdf

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