

Asthma Self-Management Plan

Name: _____

Date: _____

Every day—your personal peak flow goal: _____

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



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: _____