

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 doctor 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.
- ✓ 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.
- ✓ Changes in the color of my skin, nail beds, or my lips are gray or blue.



What this could mean:

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

Doctor Name: _____

Telephone: _____

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

This material was prepared by Health Services Advisory Group (HSAG), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. QN-13SOW-XC-08112025-01

This information is intended for educational purposes only. HSAG does not represent or guarantee that this information is applicable to any specific patient's care or treatment. This content does not constitute medical advice from a physician and is not to be used as a substitute for treatment or advice from a practicing physician or other healthcare provider.