

A.S.M.A. (Asthma Self-Management Action) Plan

A.S.M.A. Plan for _____ My Controller Medicines: _____

Doctor's Name: _____ Date: _____

Doctor's Phone Number: _____ After Hours: _____

Hospital Preference: _____ My Quick-relief Medicine: _____

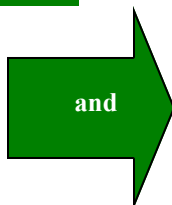
My Best Peak Flow: _____

Physician Signature: _____ Date: _____

GREEN ZONE Doing well

You feel good:

- No Cough
- No wheeze
- Breathing is good—day and night
- Can do usual activity



Peak Flow:
more than _____
(>80% of best)

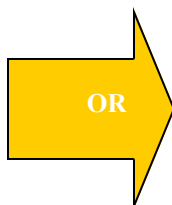
Even if you don't have symptoms, you still have asthma. Take these long-term control medicines every day.

Medicine	How much to take	When to take it
	Puffs: _____	10-30 minutes before exercise

YELLOW ZONE: Asthma is getting worse

You have any of these:

- Cough
- Wheeze
- Trouble Breathing
- Waking at night due to asthma
- Can't do some usual activities



Peak Flow:
_____ to _____
(50% -80% of best)

1 Keep taking your controller medicines every day.

2 Add your quick-relief medicine:

Medicine	How much to take	When to take it
	Puffs: _____	Every 20 minutes; up to 1 hour.

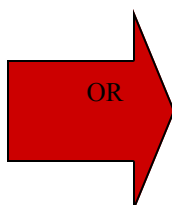
3 If your symptoms do not improve in _____ days, call your doctor. Your doctor may instruct you to take the following medicines:

Medicine	How much to take	When to take it

RED ZONE Get Medical Help!

You have any of these:

- Medicines are not helping
- Breathing is hard
- Lips and fingernails are blue
- Can't walk or talk well



Peak Flow:
less than _____
(< 50% of best)

Take these medicines NOW!

Medicine	How much to take	When to take it
	Puffs: _____	NOW !

If you are unable to contact your doctor or nurse:

Call 911 or go to the nearest emergency room and bring this form with you.

Physician Signature: _____ Date: _____