# **Asthma Action Plan**

#### **GREEN LIGHT - Good Control**

- Normal breathing
- No cough or wheeze
- Normal activity
- Normal sleep
- Peak flow greater than or equal to 90% personal best

П		control	Lau	<b>5000</b>	ication		١.
U	15E	COLLLO	IEI	mea	ication	13	ı.

1)	puff(s)/dosetimes/day, <b>regularily</b>
2)	puff(s)/dosetimes/day, <b>regularily</b>
Reliever medication:	when needed before exercise; or for cough, wheeze, breathless

#### **YELLOW LIGHT - Caution**

- Limitation of activity (slowing down)
- Symptoms greater than or equal to 3 times per week during the day
- Symptoms greater than or equal to 1 time per week at night (wakes you from sleep)
- First sign of cold symptoms
- Peak flow of 60 80% personal best

Increase y	our/	controlle	er med	ication	(s)	(use	until	better	):
	,							,	

1)	_ puff(s)/dose	_times/day, <b>regularily</b>
2)	_ puff(s)/dose	times/day, <b>regularily</b>

If using reliever medication every 4 hours, call your doctor or go to the Emergency Department. See your doctor if asthma symptoms are not improving after 2 days.

## **RED LIGHT - Danger**

### SEE YOUR DOCTOR OR GO TO EMERGENCY DEPARTMENT IMMEDIATELY

Reliever medication does not help in 10 minutes (or is needed in less than 3 hours) along with **one or more of the following:** 

- Breathing difficulty
- Wheezing at rest
- Skin sucked in with breathing (at necks, ribs, or collarbone)
- Difficulty talking
- Lips or fingernails are blue / grey
- Peak flow less than or equal to 60% personal best



