# Asthma Action Plan

**Name:**

**Date:**

**Doctor:**

**Medical Record #:**

**Doctor's Phone #: Day:**

**Night/Weekend**

**Emergency Contact:**

**Doctor's Signature:**

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## Colors of a Traffic Light

- **GREEN** means Go Zone!
  - Use preventive medicine.

- **YELLOW** means Caution Zone!
  - Add quick-relief medicine.

- **RED** means Danger Zone!
  - Get help from a doctor.

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## Go

**Use these daily preventive anti-inflammatory medicines:**

<table>
<thead>
<tr>
<th>MEDICINE</th>
<th>HOW MUCH</th>
<th>HOW OFTEN/WHEN</th>
</tr>
</thead>
</table>

For asthma with exercise, take:

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## Caution

**Continue with green zone medicine and add:**

<table>
<thead>
<tr>
<th>MEDICINE</th>
<th>HOW MUCH</th>
<th>HOW OFTEN/WHEN</th>
</tr>
</thead>
</table>

**CALL YOUR PRIMARY CARE PROVIDER.**

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## Danger

**Take these medicines and call your doctor now.**

<table>
<thead>
<tr>
<th>MEDICINE</th>
<th>HOW MUCH</th>
<th>HOW OFTEN/WHEN</th>
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**GET HELP FROM A DOCTOR NOW!** Do not be afraid of causing a fuss. Your doctor will want to see you right away. It's important! If you cannot contact your doctor, go directly to the emergency room. **DO NOT WAIT.** Make an appointment with your primary care provider within two days of an ER visit or hospitalization.