Asthma Action Plan

What to watch for and what to do, written with your clinician.



WHY IT HELPS

When breathing gets harder, it is hard to remember what your clinician said. This plan keeps their instructions in one place, zone by zone, so you, your family and your school can all follow the same steps.

FOUR SMALL STEPS

Fill in	Complete the plan with your clinician at your next visit.
Share	Give a copy to family, school and anyone who looks after you.
Check in	On days with symptoms, note your zone and what set it off.
Review	Bring it to each visit and update what has changed.

WHAT IS INSIDE

Example
A filled plan to show you how.

My plan
Signs, medicines and steps for each zone.

My support
Triggers, contacts and who has a copy.

Check-ins
Two log pages and a review for your visit.

Fill it in together. Ask your clinician to write the signs, medicines and steps for each zone, then sign and date the plan.

CareClinic

EXAMPLE · ASTHMA ACTION PLAN · MY PLAN

NAME	DATE OF BIRTH	PLAN MADE ON	REVIEW ON
Maya Brooks	June 4, 2016	September 8, 2026	At her next checkup

MY CLINICIAN	PHONE	EMERGENCY CONTACT	PHONE
Dr. Lee, pediatrics	(555) 210-4471	Dana Brooks, Mom	(555) 214-0186

MY BEST PEAK FLOW _____

☑ Peak flow is not part of my plan

GREEN ZONE — Doing well

SIGNS, AS MY CLINICIAN WROTE THEM

- Breathing is easy
- No cough or wheeze, day or night
- Can run and play as usual

Peak flow _____ to _____

MY DAILY MEDICINES	HOW MUCH AND WHEN
Daily controller inhaler	As Dr. Lee prescribed

MY CLINICIAN'S INSTRUCTIONS

Keep her inhaler and spacer in her backpack

YELLOW ZONE — Getting worse

SIGNS, AS MY CLINICIAN WROTE THEM

- Cough, wheeze or tight chest
- Waking at night with a cough
- Can do some, not all, usual play

Peak flow _____ to _____

MEDICINES TO ADD	HOW MUCH AND WHEN
Quick-relief inhaler	As Dr. Lee prescribed

MY CLINICIAN'S INSTRUCTIONS

Call Dr. Lee's office

Let Mom know the same day

RED ZONE — Medical alert

SIGNS, AS MY CLINICIAN WROTE THEM

- Very short of breath
- Hard to walk or talk
- Quick-relief inhaler is not helping

Peak flow _____ to _____

MEDICINES RIGHT AWAY	HOW MUCH AND WHEN
Quick-relief inhaler	As Dr. Lee prescribed

MY CLINICIAN'S INSTRUCTIONS

Then call Mom at (555) 214-0186

Call 911 (or your local emergency number)

CLINICIAN SIGNATURE	DATE
J. Lee	Sept 8, 2026

NAME

DATE OF BIRTH

PLAN MADE ON

REVIEW ON

MY CLINICIAN

PHONE

EMERGENCY CONTACT

PHONE

MY BEST PEAK FLOW

☐ Peak flow is not part of my plan

GREEN ZONE

Doing well

SIGNS, AS MY CLINICIAN WROTE THEM

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MY DAILY MEDICINES | HOW MUCH AND WHEN

MY CLINICIAN'S INSTRUCTIONS

YELLOW ZONE

Getting worse

SIGNS, AS MY CLINICIAN WROTE THEM

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MEDICINES TO ADD | HOW MUCH AND WHEN

MY CLINICIAN'S INSTRUCTIONS

RED ZONE

Medical alert

SIGNS, AS MY CLINICIAN WROTE THEM

Peak flow to

MEDICINES RIGHT AWAY | HOW MUCH AND WHEN

MY CLINICIAN'S INSTRUCTIONS

Call 911 (or your local emergency number)

CLINICIAN SIGNATURE

DATE

My support

The people, places and things that help you follow your plan.

1 What sets off my asthma

Tick yours and add your own

Colds and flu · Smoke · Pollen · Dust · Mold · Pets · Cold air · Exercise · Strong smells · Stress · Weather change

Other _____

2 My care team

WHO	NAME	PHONE
Clinician		
Specialist		
Pharmacy		
Emergency contact		
Second contact		

3 Where my medicines are

Home, school, work, bag

MEDICINE	WHERE I KEEP IT	EXPIRES

4 Who has a copy of my plan

PERSON OR PLACE	GIVEN ON	KNOWS HOW TO HELP
		☐
		☐
		☐
		☐
		☐

My asthma check-ins

On days with symptoms, note your zone and what may have set it off.

MONTH

DATE	ZONE	SYMPTOMS	QUICK RELIEF	PEAK FLOW	POSSIBLE TRIGGER
	Green Yellow Red		☐		
	Green Yellow Red		☐		
	Green Yellow Red		☐		
	Green Yellow Red		☐		
	Green Yellow Red		☐		
	Green Yellow Red		☐		
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Before my next visit

Count from your check-ins, then note what you want to change.

SINCE _____

1 Since my last visit

Days in the yellow zone	Times in the red zone	Nights woken by asthma	Urgent care or ER visits	Missed school or work days

2 What has changed

Triggers, medicines, routine

3 What I want to update

In my plan

4 How my medicines are going

Trouble using them, side effects or cost

MEDICINE	TAKING IT AS PLANNED	ANYTHING TO MENTION
	Yes · Sometimes · No	
	Yes · Sometimes · No	
	Yes · Sometimes · No	
	Yes · Sometimes · No	
	Yes · Sometimes · No	

FOR MY NEXT APPOINTMENT

Questions or changes to raise with my doctor, nurse or care team.