

A.S.M.A. (Asthma Self-Management Action) Plan (see reverse for asthma control information)

A.S.M.A. Plan for _____

Doctor's Name _____ Date _____

Doctor's Phone Number _____ After Hours _____

Hospital/Emergency Department Phone Number _____

My Controller Medicines: _____

My Best Peak Flow _____

My Quick-Relief Medicine: _____

GREEN ZONE: Doing Well

You feel good:

- No cough
- No wheeze
- Breathing is good—day and night
- Can do usual activities



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

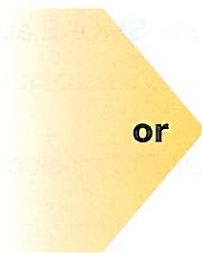
**Even if you don't have symptoms, you still have asthma.
Take these long-term control medicines every day.**

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 for up to 1 hour

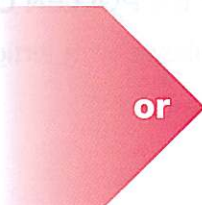
**3 If your symptoms do not improve in ___ days, call your doctor.
Your doctor may instruct you to take the following medicines:**

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.**

People who should have a copy of my A.S.M.A. plan: spouse, coworkers, family members/friends.