

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

A.S.M.A. plan for \_\_\_\_\_ Health care provider name \_\_\_\_\_ Date \_\_\_\_\_  
 Health care provider phone \_\_\_\_\_ After hours \_\_\_\_\_ Hospital/Emergency Department phone \_\_\_\_\_

## GREEN ZONE: Doing Well

No cough, wheeze, chest tightness, or shortness of breath during the day or night  
 Can do usual activities

If a peak flow meter is used:  
 My personal best peak flow is \_\_\_\_\_ (L/min)  
 Peak flow: more than \_\_\_\_\_ (80% or more of my best peak flow)  
 Before exercise, take \_\_\_\_\_

Even if you do not have symptoms, take these long-term control medicines each day.

Medicine	How much to take	When to take it

(Medicine) (Dose) (Minutes/Hours before exercise)

## YELLOW ZONE: Asthma Is Getting Worse

Cough, wheeze, chest tightness, or shortness of breath or  
 Waking at night due to asthma or  
 Can do some, but not all, usual activities

OR

Peak flow: \_\_\_\_\_ to \_\_\_\_\_ (L/min)  
 (50%–79% of my best peak flow)



**ADD** quick-relief medicine and keep taking your GREEN ZONE medicine.  
 \_\_\_\_\_ (short-acting  $\beta_2$ -agonist)  2 to \_\_\_\_\_ puffs every \_\_\_\_\_ minutes for \_\_\_\_\_ treatments or  
 Nebulizer treatments

If your symptoms (and peak flow, if used) *return to the GREEN ZONE* after 1 hour of above treatment:  
 Continue monitoring to be sure you stay in the GREEN ZONE.

OR

If your symptoms (and peak flow, if used) *do not return to the GREEN ZONE* after 1 hour of above treatment:

Take \_\_\_\_\_ (short-acting  $\beta_2$ -agonist)  2 or  4 puffs or  Nebulizer every \_\_\_\_\_ hours.  
 Add \_\_\_\_\_ (oral steroid) \_\_\_\_\_ mg per day for \_\_\_\_\_ (3–10) days.  
 Add \_\_\_\_\_ per day for \_\_\_\_\_ days.  
 Call the health care provider  before or  within \_\_\_\_\_ hours after taking the oral steroid.

## RED ZONE: Medical Alert!

Very short of breath or  
 Quick-relief medicines have not helped or  
 Cannot do usual activities or  
 Symptoms are the same or worse after 24 hours in YELLOW ZONE

OR

Peak flow: less than \_\_\_\_\_ (L/min)  
 (less than 50% of my best peak flow)

**Take this medicine:**

\_\_\_\_\_ (short-acting  $\beta_2$ -agonist)  4 or  6 puffs or  nebulizer  
 \_\_\_\_\_ (oral steroid) \_\_\_\_\_ mg

**Call your health care provider NOW.** Go to the hospital or call for an ambulance if:  
 You are still in the RED ZONE after 15 minutes AND  
 You have not reached your doctor

## DANGER SIGNS

Trouble walking and talking due to shortness of breath  
 Lips or fingernails are blue

Take  4 or  6 puffs of your quick-relief medicine AND  
 Go to the hospital or call for an ambulance ( \_\_\_\_\_ ) **NOW!**

Health Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_