RESCUE MEDICINE
CONTROLLER MEDICINES

[Diagram showing various controller medicines and inhalers]
Asthma Action Plan

[To be completed by health care provider]

Name
Date of Birth

Address
Emergency Contact/Phone

Health Care Provider Name
Phone:

Asthma Severity: ☐ Intermittent  ☐ Mild Persistent  ☐ Moderate Persistent  ☐ Severe Persistent

Asthma Triggers: ☐ Colds  ☐ Exercise  ☐ Animals  ☐ Dust  ☐ Smoke  ☐ Food  ☐ Weather  ☐ Other

If Feeling Well
(Green Zone)

Take Every Day Long-Term Control Medicines

If Not Feeling Well
(Chocolate Zone)

Take Every Day Medicines and Add These Quick-Relief Medicines

If Feeling Very Sick
(Red Zone)

Take These Medicines and Get help from a Doctor NOW!

Medicine: How Much: When to Take It:

5-15 minutes before exercise use this medicine:

Call doctor if these medicines are used more than two days a week.

Seek Emergency Care or Call 911 NOW if lips are blue, wheezing, restlessness, and feeling very sick.

Health Care Provider Signature
Date

Parent/Guardian Signature (Have read and understand these instructions)
Date

Note: Update action plan with new doctor, and consult pharmacist.