

Asthma Self-Management Plan

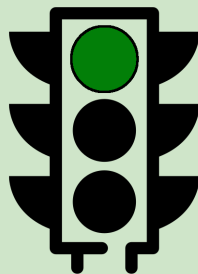
Name: _____ Date: _____

Every day, your personal peak flow goal: _____

Green Zone: **All Clear**

If you have:

- ✓ No shortness of breath
- ✓ Ability to do usual activities
- ✓ If a peak flow meter is used:
Peak flow: more than _____
(80% or more of my best peak flow)
- ✓ My best peak flow: _____



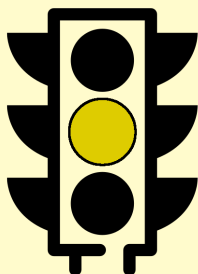
What this could mean:

- ✓ Your symptoms are under control
- ✓ Continue taking your controller medication as ordered
- ✓ Continue to monitor peak flow

Yellow Zone: **Caution**

If you have any of the following:

- ✓ Cough, wheeze, chest tightness, or shortness of breath
- ✓ Waking at night due to asthma
- ✓ Can do some, but not all, usual activities
- ✓ Peak flow: _____ to _____ (50–80% of my best peak flow)
- ✓ Anything else unusual that bothers you



What this could mean:

- ✓ Your asthma is getting worse
- ✓ You may need a medication adjustment
- ✓ Eliminate triggers
- ✓ Stop strenuous exercise
- ✓ Add reliever medication: _____

Call your doctor, nurse or home health nurse

Name: _____

Telephone: _____

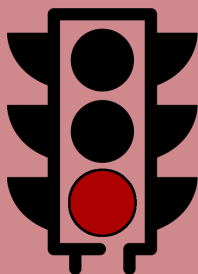
Instructions: _____

**If you notice a Yellow Caution,
work closely with your healthcare team.**

Red Zone: **Stop & Think!**

If you have any of the following:

- ✓ Very short of breath, trouble walking and talking due to shortness of breath, or skin color is pale or gray
- ✓ Quick-relief medications have not helped
- ✓ Cannot do usual activities or symptoms are same or get worse after 24 hours in the Yellow Caution area
- ✓ Peak flow: less than _____
(50% of my best peak flow)
- ✓ Fingernails or lips are blue



What this could mean:

If you experience any Red Zone symptoms, **call 9-1-1** and notify your physician right away

Physician Name: _____

Telephone: _____