

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

A.S.M.A. Plan for _____ My Controller Medicines: _____

Doctor's Name _____ Date _____

Doctor's Phone Number _____ After Hours _____

Hospital/Emergency Department Phone Number _____ My Quick-Relief Medicine: _____

My Best Peak Flow _____

GREEN ZONE: Doing Well

You feel good:

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

and

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

Even if you do not have symptoms, you still have asthma. Take these long-term controller 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
- **Cannot** do some usual activities

or

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
- **Cannot** walk or talk well

or

Peak Flow:
less than _____
(<50% of best)

Take these medicines now!

Medicine	How much to take	When to take it
		NOW!
	Puffs:	

If you are unable to contact your doctor or nurse: Call 911 or go to the nearest emergency room and take this form with you.

After completing your A.S.M.A. Plan with your doctor, make copies for appropriate family members and coworkers.

