

MY ASTHMA ACTION PLAN

I FEEL WELL



- Breathing is good
- No cough, wheeze or shortness of breath
- Can work and play

My Peak Flow Number

_____ to _____

My Best Peak Flow is:

I take these long-term controller medicines each day:

Medicine	How Much:	Take When:	Last Filled On:	Need a Refill On:
_____	_____	_____	___/___/___	___/___/___
_____	_____	_____	___/___/___	___/___/___
_____	_____	_____	___/___/___	___/___/___
_____	_____	_____	___/___/___	___/___/___

Before exercise, I take:

Medicine	How Much:	Take When:	Last Filled On:	Need a Refill On:
_____	_____	_____	___/___/___	___/___/___

I DO NOT FEEL WELL



- Cough, wheeze, shortness of breath or chest tightness
- Hard to breathe
- Wake up at night

My Peak Flow Number

_____ to _____

In addition to my long-term controller medicine each day, I take these relief medicines when my asthma gets worse:

Medicine	How Much:	Take When:	Last Filled On:	Need a Refill On:
_____	_____	_____	___/___/___	___/___/___
_____	_____	_____	___/___/___	___/___/___
_____	_____	_____	___/___/___	___/___/___
_____	_____	_____	___/___/___	___/___/___

Call your provider if you have these symptoms often, or if your relief medicine does not work.

I FEEL AWFUL



- Medicine not helping
- Breathing hard, fast
- Can't talk or walk well
- Very short breaths

My Peak Flow Number

_____ to _____

Medical Alert – Get Help Now!

In addition to my long-term and relief medicines, I take these medicines until I can talk to my provider:

Medicine	How Much:	Take When:	Last Filled On:	Need a Refill On:
_____	_____	_____	___/___/___	___/___/___
_____	_____	_____	___/___/___	___/___/___
_____	_____	_____	___/___/___	___/___/___
_____	_____	_____	___/___/___	___/___/___

Call 911 if your asthma attack is severe and does not improve.