

Name _____

Doctor _____

Date _____

Doctor's Phone Number _____

GREEN LEVEL My asthma is under control.

SYMPTOMS

- My breathing is normal.
- I have no trouble sleeping.
- I'm not coughing or wheezing.
- I can do all my normal activities.

PEAK FLOW

_____ to _____ (80% to 100% of your personal best)

WHAT SHOULD I DO?

I should continue using my normal medications as directed by my doctor, and re-measure my peak flow every _____ weeks / months.

| Medication | Dose | Take it when? |
|------------|------|---------------|
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| | | |

YELLOW LEVEL My asthma is getting worse.

SYMPTOMS

- I have symptoms, like wheezing or coughing, with activity or at night. They go away when I use my reliever.
- I'm using my reliever more than ___ times a week/day.
- I can't do many of my usual activities.

PEAK FLOW

_____ to _____ (60% to 80% of your personal best)

WHAT SHOULD I DO?

A problem is beginning. I should increase my medication as specified below until I am in the green level for _____ days or more. **If my symptoms do not improve within 4 days, I will call my doctor.**

| Medication | Dose | Take it when? |
|------------|------|---------------|
| | | |
| | | |
| | | |
| | | |

RED LEVEL I am having an asthma emergency.

SYMPTOMS

- My breathing is difficult.
- I'm wheezing often when resting.
- I'm having difficulty walking and/or talking.
- My lips and/or fingernails are blue or grey.
- My reliever does not help in 10 minutes OR is needed every 4 hours or more.

PEAK FLOW

_____ to _____ (less than 60% of your personal best)

WHAT SHOULD I DO?

I NEED TO GO TO THE HOSPITAL EMERGENCY RIGHT AWAY.

I SHOULD USE MY RELIEVER AS MUCH AS I NEED TO ON THE WAY THERE.