

Asthma Management Plan based on Symptoms and Peak Flow
These instructions are merely guidelines, and regardless to the advice in the plan, if you are unhappy about your condition seek medical attention

Name: _____ Date: _____ Emergency Contact: _____ Relationship: _____
 Mobile Phone: _____ Home Phone: _____ GP: _____ Contact Number: _____

Green Zone: Asthma Under Control **TAKE THESE MEDICINES EVERYDAY FOR CONTROL AND MAINTAINANCE**

Daytime symptoms less than 2 / week
 No limitation on activity or exercise
 No waking at night due to symptoms
 Rescue medication used less than 2 times / week
 Peak Flow between _____ & _____

Medicine	How much to take	When and how often

Blue Zone: Asthma Getting Worse **CONTINUE YOUR GREEN ZONE MEDICINES PLUS TAKE THESE QUICK RELIEF MEDICINES**

Daytime symptoms more than 2 / week
 Getting chesty cold
 Waking at night with cough or wheeze
 New or increase daytime cough or wheeze
 Symptoms after activity or exercise
 Using reliever meds more than 2 / week
 Peak Flow between _____ & _____

Medicine	How much to take	When and how often

Orange Zone: Asthma Becoming Severe **CONTINUE YOUR BLUE ZONE PLUS TAKE THESE MEDICINES AND CONTACT _____**

Symptoms becoming more severe
 Becoming breathless at rest
 Chest tightness
 Reliever medication has poor or short lived response
 Peak Flow between _____ & _____

Medicine	How much to take	When and how often

Red Zone: Emergency **THIS NEEDS EMERGENCY ATTENTION IMMEDIATELY**

Difficulty breathing
 Breathing fast
 Trouble walking or talking
 Lips are blue
 Short lived response to reliever
 Peak Flow is less than _____

Medicine	How much to take	When and how often
Take 2 puffs of reliever medication every minute for 5 minutes or until help arrives		

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