DANGER SIGNS!

- Trouble walking and talking due to shortness of breath
- Lips or fingernails are blue

Take 4 or 6 puffs of your quick-relief medicine AND

Go to the hospital or call for an ambulance ____________________ NOW!

Asthma Diary

With your provider’s help, use this diary. Keep it up to date and always on-hand. In an emergency, it’s an important record of your medicines, triggers, and peak flow. Your provider will use this as part of your assessment.

<table>
<thead>
<tr>
<th>PEAK FLOW</th>
<th>Medicines/Dosage</th>
<th>Triggers, Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green Zone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yellow Zone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Red Zone</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Read the CHEST Foundation Patient Education Disclosure at https://foundation.chestnet.org/patient-education-disclosure/
How to Use a Peak Flow Meter

- Measure your peak flow number in the morning and evening.
- Hold the meter next to the chart each time you blow to make it easier to record the number.
- Circle the highest number of three blows. This is your peak flow.

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**How To Establish Your Personal Best Peak Flow Number**

When your asthma is under control, record your peak flow twice daily for 2 weeks. Measure your peak flow at the same time of day, as peak flow is lowest in the early morning and highest between 12:00 noon and 5:00 pm. Personal best peak flow number is the highest number you can achieve over a 2-week period when your asthma is under good control. Good control is when you feel good and do not have any asthma symptoms. To find out your personal best peak flow number, take peak flow readings at least twice a day for 2 to 3 weeks; when you wake up and in late afternoon or early evenings. Reestablish your personal best peak flow with new peak flow meters. Children need to reestablish their personal best peak flow every 6 months to allow for lung growth changes.
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**Asthma Action Plan**

**ASTHMA ACTION PLAN FOR _________________________________**

**PROVIDER’S NAME____________________________________ DATE __________________**

**PROVIDER’S PHONE NUMBER _______________________________________________________

**HOSPITAL/EMERGENCY ROOM PHONE NUMBER __________________________________________**

**GREEN ZONE** Doing Well

No cough, wheeze, chest tightness, or shortness of breath during the day or night, can do usual activities

**And, if a peak flow meter is used, peak flow:**

| More than: ______ (80% or more of my best peak flow) | My best peak flow is: ______ |

Take these long-term control medicines each day (includes an anti-inflammatory):

<table>
<thead>
<tr>
<th>MEDICINE</th>
<th>DOSAGE</th>
<th>WHEN TO TAKE IT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BEFORE EXERCISE**

| □ 2 | □ 4 puffs | 5 to 60 minutes before exercise |

**YELLOW ZONE** Getting Worse

Cough, wheeze, chest tightness, or shortness of breath or waking at night due to asthma, or can do some, but not all, usual activities

**OR** Peak flow: ______ to ______

(50% to 80% of my best peak flow)

Add: quick-relief medicine – and keep taking your GREEN ZONE medicine.

<table>
<thead>
<tr>
<th>__________________________________</th>
<th>□ 2</th>
<th>□ 4 puffs, every 20 minutes for up to 1 hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>short-acting beta2-agonist</td>
<td></td>
<td>Nebulizer, once</td>
</tr>
</tbody>
</table>

If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of treatment:

■ Take the quick-relief medicine every 4 hours for 1 to 2 days.

■ Double the dose of your inhaled steroid for _______ (7 to 10) days.

If your symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment:

■ Take:________________________________________ □ 2 | □ 4 puffs or □ Nebulizer

■ Add: ______ mg per day for _______ (3 to 10) days.

■ Call the doctor within _____ hours after taking the oral steroid.

**RED ZONE** Medical Alert!

Very short of breath, or quick-relief medicines have not helped, or cannot do usual activities, or symptoms are same or get worse after 24 hours in YELLOW ZONE

**OR** Peak flow: less than ______ (50% of my best peak flow)

Take this medicine:

<table>
<thead>
<tr>
<th>__________________________________</th>
<th>□ 4</th>
<th>□ 6 puffs or □ Nebulizer</th>
</tr>
</thead>
<tbody>
<tr>
<td>short-acting beta2-agonist</td>
<td></td>
<td>Oral steroid</td>
</tr>
<tr>
<td>______ mg per day</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Then call your doctor NOW!** Go to the hospital or call for an ambulance if:

■ You are still in the **RED ZONE** after 15 minutes **AND** □ You have not reached your doctor.

**DANGER SIGNS!**

- Trouble walking and talking due to shortness of breath
- Lips or fingernails are blue

- Take □ 4 | □ 6 puffs of your quick-relief medicine **AND**
- **Go to the hospital or call 911 for an ambulance NOW!**