Asthma Action Plan

Blank green-yellow-red zone plan to complete with your clinician

Zone	How I feel / peak flow	My prescribed action
GREEN - Doing well	No troublesome symptoms / personal good range	
YELLOW - Getting worse	More cough, wheeze, night symptoms or reduced activity	
RED - Medical alert	Severe breathlessness, difficulty speaking, poor response to reliever	Seek urgent medical care and follow my emergency plan

My regular medicines

Controller: _____ Dose: _____
Reliever: _____ Dose: _____

Severe breathlessness, bluish lips, exhaustion, drowsiness or difficulty speaking full sentences needs urgent medical care.

Important: This resource is for general education and does not replace an individual medical consultation. Seek urgent medical care for severe, rapidly worsening or emergency symptoms.