

# ASTHMA ACTION PLAN

ASTHMA  
SINGAPORE

ACT DON'T REACT

Work with your doctor to complete this plan. Discuss the plan at each visit and change it as needed. You may experience other symptoms, and your doctor may recommend other actions, than those listed here. Talk to your doctor if you have any questions.

Name:

Date:

Phone number:

Doctor:

My Personal best peak flow =

## GREEN ZONE: I AM MEETING MY ASTHMA GOALS

The GREEN zone should be your goal every day .

**Symptoms:** • No coughing, shortness of breath, wheezing, or chest tightness  
• Sleeping all night  
• Can do all usual activities (work, play)      **AND**      **Peak Flow Meter (if used):**  
My peak flow today is \_\_\_\_\_ ,  
which is 80% or more of my personal best peak flow.

**Action Plan:** • Avoid triggers or things that make my asthma worse like: \_\_\_\_\_  
• Continue to take my asthma medicine as directed by my doctor

**Medicine(s):**

**How much:**

**When:**

_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Before exercise:</b>		
_____	_____	_____

## YELLOW ZONE: CAUTION, MY ASTHMA SYMPTOMS ARE GETTING WORSE

**Symptoms:** • Some problems with coughing, shortness of breath, wheezing, or chest tightness OR  
• Waking up at night due to asthma OR  
• Using more quick-relief asthma medicine OR  
• Can do some, but not all, usual activities (work, play)      **OR**      **Peak Flow Meter (if used):**  
My peak flow today is \_\_\_\_\_ ,  
which is 50–79% of my personal best peak flow.

**Action Plan:** • Keep taking my asthma medicine as directed by my doctor, including my quick-relief medicine  
• Continue monitoring my symptoms/peak flow  
• See my doctor regularly

**Medicine(s):**

**How much:**

**When:**

_____	_____	_____
_____	_____	_____
_____	_____	_____

## RED ZONE: I AM HAVING SERIOUS SYMPTOMS. I NEED TO CALL MY DOCTOR OR CALL 995 NOW!

**Symptoms:** • Symptoms are same or worse after 24 hours in the Yellow Zone OR  
• Very short of breath OR  
• Quick-relief asthma medicines have not helped OR  
• Cannot do usual activities (work, play)      **OR**      **Peak Flow Meter (if used):**  
My peak flow today is \_\_\_\_\_ ,  
which is less than 50% or more of my personal best peak flow.

**Action Plan:** • **CONTACT A DOCTOR IMMEDIATELY**      • Take my quick-relief asthma medicine as directed by my doctor

**Medicine(s):**

**How much:**

**When:**

_____	_____	_____
_____	_____	_____
_____	_____	_____



**CALL 995 IF YOU ARE IN THE RED ZONE AND HAVING DANGER SIGNS SUCH AS:**

• Trouble walking or talking due to shortness of breath

• Lips or fingernails are blue