DATE: _____ / _____ / ______  PATIENT NAME_________________________________  PHONE_____________________

HEIGHT: _________________________ PRIMARY CARE PROVIDER/CLINIC NAME_________________ PHONE_____________________

WEIGHT: _________________________ WHAT TRIGGERS MY ASTHMA__________________________

DATE: _____ / _____ / ______  MD/NP/PA SIGNATURE_______________________________________  PHONE_____________________

DATE: _____ / _____ / ______  FOLLOW-UP APPOINTMENT IN _____________________________ AT________________________ PHONE_____________________

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Always use a **holding chamber/spacer** with/without a mask with your inhaler. (circle choices)

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**GREEN ZONE**

You have ALL of these:
- Breathing is good
- No cough or wheeze
- Can work/exercise easily
- Sleeping all night

**DOING WELL**

**Step 1:** Take these controller medicines **every day:**

<table>
<thead>
<tr>
<th>MEDICINE</th>
<th>HOW MUCH</th>
<th>WHEN</th>
</tr>
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**Step 2:** If exercise triggers your asthma, take the following medicine **15 minutes before** exercise or sports.

<table>
<thead>
<tr>
<th>MEDICINE</th>
<th>HOW MUCH</th>
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**YELLOW ZONE**

You have ANY of these:
- Difficulty breathing
- Coughing
- Wheezing
- Tightness in chest
- Difficult to work/exercise
- Wake at night coughing

**GETTING WORSE**

**Step 1:** Keep taking **GREEN ZONE** medicines and ADD quick-relief medicine:

_________ puffs or 1 nebulizer treatment of ___________

Repeat after 20 minutes if needed (for a maximum of 2 treatments).

**Step 2:** Within 1 hour, if your symptoms aren’t better or you don’t return to the **GREEN ZONE,** take your **oral steroid** medicine____________________and call your health care provider today.

**Step 3:** If you are in the **YELLOW ZONE** **more than 6 hours,** or your symptoms are **getting worse,** follow **RED ZONE** instructions.

---

**RED ZONE**

You have ANY of these:
- It’s very hard to breathe
- Nausea or open wide
- Medicine is not helping
- Trouble waking or talking
- Lips or fingernails are grey or bluish

**EMERGENCY**

**Step 1:** Take your quick-relief medicine **NOW:**

<table>
<thead>
<tr>
<th>MEDICINE</th>
<th>HOW MUCH</th>
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**OR 1 nebulizer treatment of ____________________________**

**AND**

**Step 2:** Call your health care provider **NOW**

**AND**

Go to the emergency room **OR CALL 911** immediately.