

Green Zone  
**ALL CLEAR**

I'm breathing my best.

Peak Flow \_\_\_\_\_  
100 – 85% of best

I am able to do my usual activities and sleep without asthma symptoms.

I will keep taking my regular medicines.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Yellow Zone  
**CAUTION**

I'm not breathing my best. I need to take action to get my asthma under control.

Peak Flow \_\_\_\_\_  
85-65% of best

I have signs of asthma that Keep me from doing my usual activities or sleeping.

I need to take my **extra** medicine:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I will use my meter again in 10 minutes. If my numbers are not better, I will call my doctor.

Red Zone  
**MEDICAL ALERT**

This is an emergency! I need help now!

Peak Flow \_\_\_\_\_  
Below 65% of best

I need to take extra medicine right away.

If I am not better in 10 minutes, I will call my doctor or go to the Emergency Room.

**I will call 911 if:**

- I am getting worse or very short of breath.
- I have trouble walking or talking.
- The skin on my ribs or neck is pulled tight.
- My lips or fingernails are blue.

**My Asthma Goals**

- \* Be active without having asthma symptoms. This includes being active in exercise and sports.
- \* Sleep through the night without having asthma symptoms.
- \* Prevent asthma episodes (attacks).
- \* Avoid side effects from medicine.