



Asthma Zones for Self-Management

Name: _____ Date: _____

GREEN Zone: All Clear

Your goal peak flow:

- Peak flows are 80% to 100% of your best number
- No symptoms
- Able to do usual activities
- Usual medications control asthma

Green Zone means:

- Your symptoms are under control
- Continue taking your controller medications as ordered

- Continue monitoring peak flow
- Keep all physician appointments

YELLOW Zone: Caution

If you have any of the following signs and symptoms:

- Peak flow 50% to 80% of personal best
- Increased asthma symptoms (coughing, waking at night, wheezing, shortness of breath, tightness in chest, breathing faster, pale skin color)



Call your physician if you are in the YELLOW zone most days. This is not where you should be every day.

Yellow Zone means:

- Your symptoms may indicate that you need an adjustment of your medications
- Eliminate triggers
- Stop strenuous exercise
- Add reliever medication:

- If no relief, continue with: _____

RED Zone: Medical Alert

- Peak flow less than 50% of personal best
- Very short of breath
- Usual activities very limited
- Difficulty walking and talking due to shortness of breath
- Respiratory effort increased, skin between neck and ribs pulls in with breathing
- Skin color is pale or gray
- Fingernails or lips are blue



Call your physician NOW if you are going into the RED zone.

Red Zone means:

This indicates that you need to be evaluated by a physician **right away**

- Take reliever medication

Call your physician right away

Physician: _____

Number: _____

If you have not reached your physician in _____ minutes, go to the nearest emergency room. Call 911 if necessary.