

Asthma Action Plan

Child Name: _____ DOB: _____ Teacher: _____

Emergency Contact: _____ Phone: _____

Severity Classification	Triggers	Exercise
Á Mild Intermittent Á Moderate Persistent Á Mild Persistent Á Severe Persistent	Á Colds Á Smoke Á Weather Á Exercise Á Dust Á Food Á Animals Á Air Pollution Á Other _____	1. Pre-medication (how much and when) _____ 2. Exercise modifications _____ _____

GREEN ZONE: Doing Well

Symptoms

- á Breathing is good
- á No cough or wheeze
- á Can work and play
- á Sleeps all night

Peak Flow Meter Personal Best = _____

Control Medications

Medicine	How Much to Take	When to Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

Peak Flow Meter

More than 80% of personal best or _____

YELLOW ZONE: Getting Worse

Symptoms

- á Some problems breathing
- á Cough, wheeze or chest tight
- á Problems working or playing
- á Wake at night

Contact Physician if using quick relief more than 2 times per week.

Continue Control Medicines and add:

Medicine	How Much to Take	When to Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

Peak Flow Meter

Between 50 to 80% of personal best or _____ to _____

If your symptoms (and peak flow, if used) return to Green zone after one hour of the quick relief treatment, THEN

- Á Take quick-relief medication every 4 hours for 1 to 2 days
- Á Change your long-term control medicines by _____
- Á Contact your physician for follow-up care

If your symptoms (and peak flow, if used) DO NOT return to GREEN ZONE after 1 hour of the quick relief treatment, THEN

- Á Take quick-relief treatment again
- Á Change your long-term control medicines by _____
- Á Call your physician/Health Care Provider within _____ hours of modifying your medication routine

RED ZONE: Medical Alert

Symptoms

- á Lots of problems breathing
- á Cannot work or play
- á Getting worse instead of better
- á Medicine is not helping

Ambulance/Emergency Phone Number: _____

Continue Control Medicines and add:

Medicine	How Much to Take	When to Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

Peak Flow Meter

Between 0 to 50% of personal best or _____ to _____

Go to the hospital or call for an ambulance if

- Á Still in the red zone after 15 minutes
- Á If you have not been able to reach your physician/health care provider for help
- Á _____

Call an ambulance immediately if the following danger signs are present

- Á Trouble walking/talking due to shortness of breath
- Á Lips of fingernails are blue