Asthma Action Plan   Cameron R-1 Schools

General Information:

Name____
Emergency Contact_____________________________________Phone numbers____________________
Physician/Healthcare Provider__________________________Phone Numbers____________________
Physician signature___________________________________Date____________________________

Severity Classification

___Intermittent
___Mild Persistent
___Moderate Persistent
___Severe Persistent

Triggers

___ Cold ___Smoke
___ Exercise ___Dust
___ Animals ___Food
___ Other ___Weather

Exercise

1. Premedication(how much and when)______
____
2. Exercise modifications: Outdoor recess?Y_ N__(Explain).____________
Outdoor temperature restrictions?
N___Y_____Parameters______________

Green Zone: Doing Well

Symptoms
Breathing is good
No cough or wheeze

Peak Flow Meter
More than 80% of personal best or_______

Peak Flow Meter Personal Best=____________

Control Medications:

Medicine	How much to take?	When to take it?
________	________	________
________	________	________
________	________	________

Yellow Zone: Getting Worse

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

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

Continue control medicines and add:

Medicine	How much to take?	When to take it
________	________	________
________	________	________
________	________	________

Peak Flow Meter
Between 50% and 80% of personal best or
____________to______________
Take quick relief medication
1-2 days.

IF your symptoms(and peak flow, if used) return to Green Zone after one hour of the quick-relief treatment, THEN
___Take quick relief med every 4 hrs. for

Change your long-term control med by
____
Contact your physician for follow-up care.

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

__Take quick relief treatment again
__Change long term control med by
__Call your healthcare provider Within____hrs. of modifying the Medication routine.

Red Zone: Medical Alert

Symptoms
Lots of problems breathing
Cannot work or play
Getting worse instead of better
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
Less than 50% of personal best or
____________to__________

Go to the hospital or call for an ambulance if:
___Still in the red zone after 15 Min.
___You have not been able to reach your Healthcare provider for help.
___ ______________________

Call an ambulance immediately if the following danger signs are present:
___Trouble walking/talking due to Shortness of breath.
____Lips or fingernails are blue.