

Asthma Action Plan



General Information:

■ Name _____ (This information will be shared with appropriate school staff and kept on file)

■ Emergency contact _____ Phone numbers _____

■ Physician/Health Care Provider _____ Phone numbers _____

■ Physician Signature _____ Date _____

Severity Classification

- Mild Intermittent Moderate Persistent
 Mild Persistent Severe Persistent

Triggers

- Colds Smoke Weather
 Exercise Dust Air pollution
 Animals Food
 Other _____

Exercise

1. Pre-medication (how much and when) _____

2. Exercise modifications _____

Green Zone: Doing Well

Peak Flow Meter Personal Best = _____

Symptoms

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

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

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 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

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

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

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

Red Zone: Medical Alert

Ambulance/Emergency Phone Number: _____

Symptoms

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

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

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

PARENT SIGNATURE _____

DATE _____