



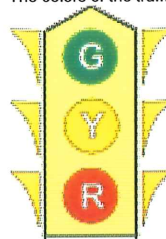
Breathing easier in Iowa
The Asthma Connection

www.idph.state.ia.us

(Press Firmly)

Asthma Action Plan

The colors of the traffic light will help you use your asthma medicines.



Green means Go Zone!
Use preventive medicine.

Yellow means Caution Zone!
Add prescribed yellow zone medicine.

Red means Danger Zone!
Get help from a doctor.

Name	Date of Birth	Effective Date / / to / /
Doctor	Parent/Guardian	
Doctor's Office Phone Number	Parent's Phone	
Emergency Contact After Parent	Contact Phone	

Pay Attention to Symptoms.

GO (Green)

You have all of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work and play

Personal Best
Peak Flow

Peak
flow from
_____ to

CAUTION (Yellow)

You have any of these:

- First sign of cold
- Exposure to known trigger
- Cough
- Mild wheeze
- Tight chest
- Coughing at night

Peak
flow from
_____ to

DANGER (Red)

Your asthma is getting worse fast:

- Medicine is not helping
- Breathing is hard and fast
- Nose open wide
- Ribs showing
- Lips blue
- Fingernails blue
- Trouble walking and talking

Peak
flow from
_____ to

Use these medicines every day

MEDICINE/DOSAGE	HOW MUCH TO TAKE	WHEN TO TAKE IT
COMMENTS:		

For asthma with exercise, take:

--	--	--

Continue with green zone medicine and ADD:

MEDICINE/DOSAGE	HOW MUCH TO TAKE	WHEN TO TAKE IT
COMMENTS:		

IF QUICK RELIEVER/YELLOW ZONE MEDICINE IS NEEDED MORE THAN 2-3 TIMES A WEEK THEN CALL YOUR DOCTOR.

Take these medicines and call your doctor

EMERGENCY MEDICINE/DOSAGE	HOW MUCH TO TAKE	WHEN TO TAKE IT
COMMENTS:		

Get help from a doctor now! It's important!

Asthma is a potentially life threatening illness. If you cannot contact your doctor, go directly to the emergency room. **DO NOT WAIT.** Make an appointment with your primary care provider within two days of an ER visit or hospitalization.

Check all items that trigger your asthma and things that could make your asthma worse:

- ☐ Chalk Dust
- ☐ Cigarette smoke & second hand smoke
- ☐ Colds/Flu
- ☐ Dust mites, dust, stuffed animals, carpet
- ☐ Exercise
- ☐ Mold
- ☐ Ozone alert days
- ☐ Pests - rodents & cockroaches
- ☐ Pets - animal dander
- ☐ Plants, flowers, cut grass, pollen
- ☐ Strong odors, perfumes, cleaning products, scented products
- ☐ Sudden temperature change
- ☐ Wood smoke
- ☐ Foods: _____
- ☐ Other: _____

☐ This student is capable and has been instructed in the proper method of self-administering the medications named above (or attached prescription).

☐ This student is not approved to self-medicate.

Check asthma severity:

☐ Mild Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent

PHYSICIAN SIGNATURE _____
PHYSICIAN STAMP

Produced by the Iowa Department of Public Health
Adapted from the NYC Childhood Asthma Initiative
Adapted from NHLBI

Funding provided through a cooperative agreement
with the Centers for Disease Control and Prevention

Printed 2003

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WHITE - School/Child Care Copy

Pink - Family Copy

Yellow - Doctor Copy