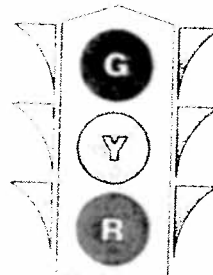


Asthma Action Plan

The colors of a 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.

Pay Attention to Symptoms.

(Press Firmly)

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

GO (Green)

You have **all** of these:

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

And/or
Peak
flow above



CAUTION (Yellow)

You have **any** of these:

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

And/or
Peak
flow from

to



DANGER (Red)

Your asthma is getting worse fast:

- Medicine is not helping within 15-20 minutes
- Breathing is hard and fast
- Nose opens wide
- Ribs show
- Lips blue
- Fingernails blue
- Trouble walking and talking

And/or
Peak
flow below



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
FIRST ➡		
NEXT ➡		

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, carpets
- ☐ Exercise
- ☐ Mold
- ☐ Ozone alert days
- ☐ Pests - rodent 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/IPA/APN SIGNATURE _____

PHYSICIAN STAMP