

# Asthma Action Plan



## General Information:

Name \_\_\_\_\_  
 Emergency contact \_\_\_\_\_ Phone numbers \_\_\_\_\_  
 Physician/Health Care Provider \_\_\_\_\_ Phone numbers \_\_\_\_\_  
 Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Severity Classification	Triggers	Exercise
<input type="radio"/> Mild Intermittent <input type="radio"/> Moderate Persistent <input type="radio"/> Mild Persistent <input type="radio"/> Severe Persistent	<input type="radio"/> Colds <input type="radio"/> Smoke <input type="radio"/> Weather <input type="radio"/> Exercise <input type="radio"/> Dust <input type="radio"/> Air pollution <input type="radio"/> Animals <input type="radio"/> Food <input type="radio"/> Other _____	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 \_\_\_\_\_

**Asthma Action Plans must be submitted to the school annually.**