Asthma Action Plan for:_

Date of Birth:

Personal Best Peak Flow:_

Grade:_

Date:

GREEN ZONE	YIELLOW ZONIE	RED ZONE
GOOD!	CAUTION!	DANGER!
 Look For These Signs No cough, wheeze, or difficulty breathing Can sleep through the night Can do regular activities 	 Look For These Signs Cough, wheeze, short of breath Waking at night due to wheeze or cough more than 2 times a month Can't do regular activities Using quick relief medicine 	 Skin around neck or between ribs pulls in Quick relief medicine
 What You Should Do Take your DAILY CONTROLLER MEDICINE Exercise regularly 	more than 2 times a week (not counting use before exercise) What You Should Do Keep taking your daily	not helping What You Should Do Get help now
 Medicine to take before exercise: Avoid your triggers: Tobacco smoke 	 Notes: Notes: Notes: 	 Take a nebulizer treatment OR Take 4 puffs of quick relief medicine now CALL YOUR DOCTOR OR NURSE NOW!
Notes:	 If not better in 24-48 hours, call your doctor or nurse! If at school, call parent 	OR Go to the Emergency Room or Call 911
PEAK FLOW	PEAK FLOW —	ΡΕΑΚ FLOW less thαn
Classification:		oderate Persistent 🗌 Severe Persistent
DAILY CONTROLLER MEDICINE Pulmicort Respules	times/day	QUICK RELIEF MEDICINE Inhaler Nebulizer Medicine:
Pulmicort Flexhaler Flovent		How Much:

`	Classification:	L Intermittent	Mild Persisten	nt 🗆 🗌	Moderate Persistent	Severe Persistent
	AILY CONTROLLER MEDI	CINE HOW MUCH	HOW O	FTEN	QUICK RE	LIEF MEDICINE
	Pulmicort Respules			times/day		ebulizer
	Pulmicort Flexhaler		puffs	times/day	Medicine:	
	Flovent		puffs	times/day	How Much:	
	🗌 Singulair			At bedtime	How Often:	
	Asmanex		puffs	At bedtime	Inhaler Ne Medicine:	ebulizer
	Symbicort		2 puffs	2 times/day	How Much:	
	Advair		puffs	2 times/day	How Often:	
]			,	2 times/day		ER: GET A FLU SHOT
C Scl			<u>.</u>	🗌 Use Spa		
	Othe <u>r</u>		Phone	🗆 Use Spa	acer 💢 REMINDI	
This	Othe <u>r</u>	sthma Medicine 🗆 Yes [Phone □ No Epi-	Use Spa	acer X REMINDI	
This Par Mai	Other hool: s child may carry his/her: Inhaled A	sthma Medicine	Phone No Epi- nma between the p pi-pen after demo	Use Spa	acer X REMINDI Fax No N/A e and the school nurse: riate use to the school n	: □ Yes □ No urse.
This Par Mai Plea	Other	sthma Medicine Yes ation about this child's asth ie inhaled medicines and ep parent if the child is using o	Phone No Epi- nma between the p pi-pen after demo quick relief inhaler	Use Spa	Acer X REMINDI Fax No \[N/A e and the school nurse: riate use to the school n er week (i.e. in excess of	└──Yes ──No urse. f pre-exercise treatment)

Parent Signature _____ Phone ____ Phone _____ Phone __

Form revised 06/10 Maine Asthma Council Healthcare Provider: Fax completed copy to school nurse

Parents: Keep this handy