

Asthma Action Plan

Student: _____

Doctor: _____

Date: _____

Doctor's Phone Number: _____

Emergency Contact Phone Number: _____

| DOING WELL | Daily Medications | | |
|---|-------------------|------------------|-----------------|
| GREEN ZONE | Medicine | How much to take | When to take it |
| <ul style="list-style-type: none"> No cough, wheeze, chest tightness, or shortness of breath during the day or night Can do usual activities <p>And, if a peak flow meter is used, Peak flow: more than _____ (80 percent or more of my best peak flow)</p> <p>My best peak flow is: _____</p> | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| <p>Before exercise: <input type="checkbox"/> _____ <input type="checkbox"/> 2 or <input type="checkbox"/> 4 puffs 5 minutes before exercise</p> | | | |

| ASTHMA IS GETTING WOR | Add: quick-relief medicine - and keep taking your GREEN ZONE medicine | | |
|-----------------------|--|---|--|
| YELLOW ZONE | <ul style="list-style-type: none"> Cough, wheeze, chest tightness, or shortness of breath, or Waking at night due to asthma, or Can do some, but not all, usual activities <p>Or Peak flow: _____ to _____ (50 to 79 percent of my best peak flow)</p> | <p>1st → _____ (quick-relief medicine) _____ Number of puffs Can repeat every _____ minutes</p> <p>or _____ Nebulizer, once Up to maximum of _____ doses.</p> | |
| | <p>2nd → If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment</p> <p><input type="checkbox"/> Continue monitoring to be sure you stay in the green zone.</p> <p>Or</p> <p>If your symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment</p> <p><input type="checkbox"/> Take: _____ (quick-relief medicine) _____ Number of puffs or <input type="checkbox"/> Nebulizer, once</p> | | |

| MEDICAL ALERT! | Take this medicine: | | |
|----------------|--|---|--|
| RED ZONE | <ul style="list-style-type: none"> Very short of breath, or Quick-relief medicines have not helped, Cannot do usual activities, or Symptoms are same or get worse after 24 hours in Yellow Zone <p>Or Peak flow: less than _____ (50 percent of my best peak flow)</p> | <p><input type="checkbox"/> _____ (quick-relief medicine) _____ Number of puffs or <input type="checkbox"/> Nebulizer, once</p> <p><input type="checkbox"/> _____ mg</p> | |
| | | <ul style="list-style-type: none"> You are still in the red zone after 15 minutes AND You have not reached the parent | |

| DANGER SIGNS | Trouble walking and talking due to shortness of breath | | Take _____ puffs of _____ |
|--------------|--|------------------------------|-------------------------------|
| RED ZONE | | Lips or fingernails are blue | _____ (quick relief medicine) |
| | | | _____ (phone) |
| | | | CALL 911 NOW! |

Physician Signature: _____

Parent Signature: _____

Nursing Supervisor Signature: _____

Date: _____

Date: _____

Date: _____