

Asthma Action Plan

Last Name: _____ **First Name:** _____
School Name: _____ **School Contact Phone #:** _____
Parent/Guardian Name: _____ **Parent/Guardian Phone #:** _____
Emergency Contact: _____ **Emergency Phone #:** _____
Health Care Provider Name: _____ **Health Care Provider Phone #:** _____
Health Care Provider Signature: _____ **Today's Date (mm/dd/yyyy):** _____

Triggers: Colds Exercise Animals Smoke Strong Odors Dust
 Food _____ Weather Air Pollution Mold Other _____

If asthma is triggered by exercise (at school or home), take Albuterol or _____ inhaler _____ puffs at least _____ minutes before exercise. Restrictions or activity limitations: _____

Green Zone: Doing Well **Personal Best Peak Flow** _____ **Date** _____
Peak flow is between _____ (80% of personal best) and _____ (100% of personal best)

Symptoms	Control Medications		
	Medicine	How Much to Take	When to Take It
• Breathing is good	_____	_____	_____
• No cough or wheeze	_____	_____	_____
• Can work and play	_____	_____	_____
• Sleeps all night	_____	_____	_____

Yellow Zone: Caution! **DO NOT LEAVE PERSON ALONE!**
Peak flow is between _____ (50% of personal best) and _____ (80% of personal best)

Symptoms	Continue control medications and add:		
	Medicine	How Much to Take	When to Take It
• Some problems breathing	_____	_____	_____
• Cough, wheeze or chest tightness	_____	_____	_____
• Problems working or playing	_____	_____	_____
• Wake at night	_____	_____	_____

If symptoms (and peak flow, if used) return to the GREEN ZONE after 1 hour of the quick-relief treatment, THEN
 Take quick-relief medication every 4 hours for 1-2 days
 Change long-term control medicines by: _____
 Contact your physician for follow-up care

If 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 medication again
 Follow the steps in the **RED ZONE** below
 Contact your physician right away

Red Zone: Medical Alert! **DO NOT LEAVE PERSON ALONE! GET HELP! Call 9-1-1!**
Peak Flow is below _____ (50% of personal best)

Symptoms	Continue control medications and add:		
	Medicine	How Much to Take	When to Take It
• Lots of problems breathing	_____	_____	_____
• Cannot work or play	_____	_____	_____
• Getting worse instead of better	_____	_____	_____
• Medicine is not helping	_____	_____	_____

Go to the hospital or call for an ambulance if
 Still in the **RED ZONE** after 15 minutes
 If you are unable to reach your physician/healthcare provider for help

Go to the hospital or call for an ambulance immediately if the following danger signs are present
 Trouble walking/talking due to shortness of breath
 Lips or fingernails are blue