

ASTHMA ACTION PLAN

Student: _____ Doctor: _____ Date: _____
 Doctor's Phone Number: _____ Emergency Contact Phone Number: _____

DOING WELL	Daily Medications		
	Medicine	How Much to take	When to take it
<div style="background-color: #4CAF50; color: white; padding: 2px; writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">GREEN ZONE</div> <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,</p> <p>Peak flow: more than (80 percent or more of my best peak flow)</p> <p>My best peak flow is: _____</p>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
Before exercise:	_____	2 or 4 puffs	5 minutes before exercise

ASTHMA IS GETTING WORSE	Add: quick-relief medicine – and keep taking your GREEN ZONE medicine		
<div style="background-color: #FFEB3B; padding: 2px; writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">YELLOW ZONE</div> <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</p> <p>Peak flow: <input style="width: 20px;" type="text"/> to <input style="width: 20px;" type="text"/> (50 to 79 percent of my best peak flow)</p>	<div style="font-size: 2em; color: #FFC107; text-align: center;">➔</div> <p>_____ <input style="width: 20px;" type="checkbox"/> Number of puffs Can repeat every <input style="width: 20px;" type="text"/> minute(s)</p> <p style="text-align: center; font-size: 0.8em;">(quick-relief medicine)</p> <p style="text-align: center; font-weight: bold;">or <input style="width: 20px;" type="checkbox"/> Nebulizer, once Up to maximum of <input style="width: 20px;" type="text"/> doses.</p>	<div style="font-size: 1.5em; color: #FFC107; text-align: center;">➔</div> <p>2nd If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment</p> <p><input style="width: 20px;" type="checkbox"/> Continue monitoring to be sure you stay in the green zone.</p> <p style="text-align: center; font-weight: bold;">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 style="width: 20px;" type="checkbox"/> Take: _____ <input style="width: 20px;" type="checkbox"/> Number of puffs or <input style="width: 20px;" type="checkbox"/> Nebulizer, once</p> <p style="text-align: center; font-size: 0.8em;">(quick-relief medicine)</p>	

MEDICAL ALERT!	Take this medicine:		
<div style="background-color: #F44336; padding: 2px; writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">RED ZONE</div> <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</p> <p>Peak flow: less than (50 percent of my best peak flow)</p>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 20px;" type="checkbox"/> Number of puffs or <input style="width: 20px;" type="checkbox"/> Nebulizer, once	<input style="width: 20px;" type="checkbox"/> _____ mg <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 <input style="width: 20px;" type="checkbox"/> puffs of _____ (quick relief medicine)	AND _____ (phones)	
	Lips or fingernails are blue	<div style="background-color: #F44336; color: white; padding: 5px; display: inline-block; font-weight: bold;"> Notify Parents/ Call 911 </div> ➔ Call 911 _____ NOW!	

Physician Signature/Date: _____ Parent Signature/Date: _____
 Nursing Supervisor Signature/Date: _____