Allegheny Health Network
Division of Pulmonary Medicine
Division of Allergy and Asthma

Student Asthma Action Plan

Pittsburgh Public Schools
Students first
Always, in all ways.

Name: _____ _____ Birth Date: _____

Parent/Guardian (print): _____Phone #:_____

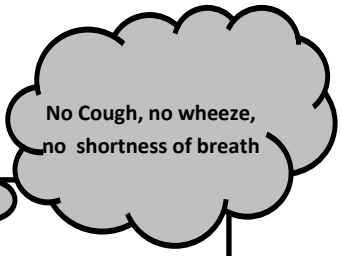
Signature: _____

Doctor (print): _____ Phone #:_____

Signature: _____

My Triggers: _____ My Best Peak Flow : _____

_____



GREEN ZONE

Peak Flow: _____ (80% of my best peak flow)

—-> My Controller Medicine……I take these daily

Medication	Dose	Frequency

—> 5 minutes before exercise I take: _____

YELLOW ZONE

-I am coughing, wheezing and/or short of breath
-I can perform some but not all of my daily activities

Peak Flow: _____ (50-79% of my best peak flow)

1st:

-Add quick relief medicine and keep taking your Green Zone Medicine

_____

(Quick Relief Med)

2nd:

Did your symptoms improve and your peak flow return to the Green Zone within 1 hour?

YES– continue monitoring

NO, take these medications:

Medication: _____

Medication: _____

Call Doctor before/within _____hours of taking medication

-I am VERY SHORT OF BREATH
-My quick relief MEDS ARE NOT HELPFUL
-I cannot do usual activities

RED ZONE

Peak Flow: _____ (50% of my best peak flow)

—> Take this medication:

_____

—>Call your doctor NOW

—>if still in Red Zone after 15 minutes AND have not reached your doctor then, GO TO HOSPITAL OR CALL 911