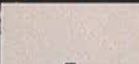


Asthma Action Plan

Name	Date of Birth	Effective Date / / to / /
Doctor	Parent/Guardian	
Doctor's Office Phone Number: Day	Parent's Phone	
Emergency Contact After Parent	Contact Phone	
Student is able to self medicate ☐ Yes ☐ No		

The colors of a traffic light will help you use your asthma medicines. Also pay attention to symptoms

	Green means GO ZONE Use preventive medicine	
	Yellow means CAUTION ZONE! Add prescribed yellow zone medicine	
	Red means DANGER ZONE! Get help from a doctor	

GO (GREEN)

Use these medicines every day.

You have **ALL** of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work or play



Peak
flow above

Medicine	How Much to Take	When to Take It

For asthma with exercise, take:

--	--	--

CAUTION (YELLOW)

Continue with green zone medicine and **ADD**:

You have **ANY** of these:

- First sign of a cold
- Exposure to known trigger
- Cough
- Mild wheeze
- Tight chest
- Coughing at night



And/or
Peak
flow from
to

Medicine	How Much to Take	When to Take It
First →		
Next →		

→ IF QUICK RELIEVER/YELLOW ZONE MEDICINE IS NEEDED MORE THAN 2-3 TIMES A WEEK, THEN CALL YOUR DOCTOR.

DANGER (RED)

Take these medicines and call your doctor.

Your asthma is getting worse fast:

- Medicine is not helping within 15-20 minutes
- Breathing is hard and fast
- Nose opens wide
- Ribs show
- Lips and/or fingernails blue
- Trouble walking and talking



And/or
Peak
flow below

Medicine	How Much to Take	When to Take It

Get help from a doctor now! Do not be afraid of causing a fuss. Your doctor will want to see you right away. It is IMPORTANT! If you cannot contact your doctor, go directly to the emergency room. DO NOT WAIT. Make an appointment with your primary care provider within two days of an ER visit or hospitalization.

Check all items that trigger your asthma and things that could make your asthma worse:

- ☐ Chalk dust
- ☐ Cigarette Smoke and second hand smoke
- ☐ Colds/Flu
- ☐ Dust mites, dust, stuffed animals, carpet
- ☐ Exercise
- ☐ Sudden temperature change
- ☐ Mold

- ☐ Ozone alert days
- ☐ Pests-rodents and cockroaches
- ☐ Pets-animal dander
- ☐ Plants, flowers, cut grass, pollen
- ☐ Strong odors, perfumes, cleaning products
- ☐ Wood Smoke

☐ Foods

☐ Other

Asthma Triggers



Doctor's Signature/Stamp

Adapted from the original design by the Pediatric Asthma Coalition of New Jersey

Please Fill Out Both Sides!