American Lung Association.

Asthma Action Plan

Name: _____ DOB: ____ / ____ / _____

Severity Classification: ☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent

Asthma Triggers (list): _____

Green Zone: Doing Well

Symptoms: Breathing is good – No cough or wheeze – Can work and play

Control Medicine(s)	Medicine	How much to take	When and how often to take it
	_____	_____	_____
	_____	_____	_____

Physical Activity
☐ Use Albuterol/Levalbuterol ____ puffs, 15 minutes before activity
☐ with all activity ☐ when you feel you need it

Yellow Zone: Caution

Symptoms: Some problems breathing – Cough, wheeze, or tight chest – Problems working or playing

Quick-relief Medicine(s) ☐ Albuterol/Levalbuterol ____ puffs, every 4 hours as needed
Control Medicine(s) ☐ Continue Green Zone medicines
☐ Add _____ ☐ Change to _____

Improvement within 20-30 minutes. If no improvement follow the instructions in the Red Zone and call parent/guardian

Red Zone: Get Help Now!

Symptoms: Lots of problems breathing – Cannot work or play – Getting worse instead of better – Medicine is not helping

Take Quick-relief Medicine NOW! ☐ Albuterol/Levalbuterol ____ puffs, _____ (how frequently)

Call 911 immediately if the following danger signs are present:
- Trouble walking/talking due to shortness of breath
- Lips or fingernails are blue
- Still in the red zone after 15 minutes

Emergency Contact Name _____ Phone (____) ____ - ____

Emergency Contact Name _____ Phone (____) ____ - ____

Parent Signature_____ Date: ____ / ____ / _____