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My Asthma **Action Plan**
For Home and School

Scan the QR Code to access How-To Videos

Name: _____ School: _____ DOB: ____ / ____ / _____

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

Asthma Triggers (list): _____

Date Completed: ____ / ____ / _____ Vaccinations updated: ☐ Yes ☐ No

Green Zone: Doing Well

Symptoms: Breathing is good – No cough or wheeze – Can work and play – Sleep well at night

	Medicine	How much to take	When and how often to take it	Take at
Control Medicine(s)	_____	_____	_____	☐ Home ☐ School
Quick Relief Medicine(s)	_____	_____	_____	☐ Home ☐ School
SMART/ MART	☐ ICS/Formoterol _____	___ puff(s) with spacer	_____	
	(daily max dose 12 puffs for ages 12+ yrs & 8 puffs for ages 4-11 yrs)			
Exercise Induced	☐ Use quick-relief medicine 10 minutes before physical activity as instructed			

Yellow Zone: Caution

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

	Medicine	How much to take	When and how often to take it
Quick-relief Medicine(s)	☐ _____	_____	_____ *every 20 minutes for up to 1 hour OR Nebulizer (use once)*
Control Medicine(s)	☐ Continue Green Zone medicines		
SMART as quick reliever	☐ ICS/Formoterol _____	___ puff(s) with spacer	_____
	(daily max dose 12 puffs for ages 12+ yrs & 8 puffs for ages 4-11 yrs)		
Other	☐ _____	_____	_____

You should feel better within 20–60 minutes of the quick-relief treatment. If you are getting worse THEN follow the instructions in the RED ZONE and call your doctor or 911 right away!

Red Zone: Get Help Now!

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

Take Quick-relief Medicine NOW!

	Medicine	How much to take	When and how often to take it
	☐ _____	___ (puffs)	_____
SMART as quick reliever	☐ ICS/Formoterol _____	___ puff(s) with spacer	_____
Other	☐ _____	_____	_____

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

Parent/Guardian

☐ I give permission for the medicines listed in the action plan to be administered in school by the nurse or designated trained staff.

☐ I consent to communication between the prescribing health care provider or clinic, the school nurse, the school medical advisor or school-based health clinic providers necessary for asthma management and administration of this medicine.

Name _____ Date _____ Phone (____) ____ - _____ Signature _____

Healthcare Provider

Name _____ Date _____ Phone (____) ____ - _____ Signature _____

School Nurse

☐ The student has demonstrated the skills to carry and self-administer their quick-relief inhaler, including when to tell an adult if symptoms do not improve after taking the medicine.

Name _____ Date _____ Phone (____) ____ - _____ Signature _____

Please provide a signed copy to the parent, school nurse and healthcare provider.

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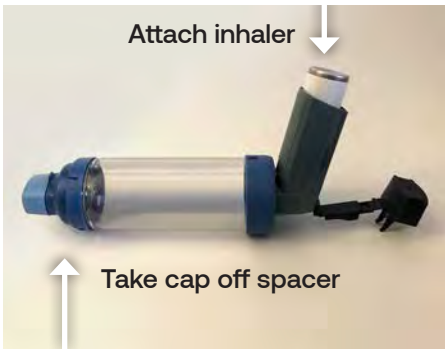
How to Use Your Inhaler and Spacer

1. Take the cap off the inhaler

2. Shake the inhaler for 5 seconds



3. Attach to spacer and take cap

4. Breathe **OUT** all the way

5. Close lips around mouthpiece

6. Press down here

7. Breathe in **SLOWLY, DEEPLY**

8. Hold your breath for 10 seconds if you can. Then breathe out slowly.

If you need another puff of medicine, wait 1 minute then repeat steps 5-9.

9. Rinse with water and **SPIT OUT**

For more asthma videos, handouts, tutorials and resources, visit **Lung.org/asthma**.

You can also connect with a respiratory therapist for one-onone, free support the American Lung Association's Lung HelpLine at **1-800-LUNGUSA**.

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