



Asthma Action Plan

General Information:

DOB ____ / ____ / ____

- Name _____
- Emergency contact _____ Phone numbers _____
- Physician/Health Care Provider _____ Phone numbers _____
- Physician Signature _____ Date _____

Severity Classification		Triggers			Exercise
<input type="radio"/> Mild Intermittent	<input type="radio"/> Moderate Persistent	<input type="radio"/> Colds	<input type="radio"/> Smoke	<input type="radio"/> Weather	1. Pre-medication (how much and when) _____
<input type="radio"/> Mild Persistent	<input type="radio"/> Severe Persistent	<input type="radio"/> Exercise	<input type="radio"/> Dust	<input type="radio"/> Air pollution	2. Exercise modifications _____
		<input type="radio"/> Animals	<input type="radio"/> Food		
		<input type="radio"/> Other			

Green Zone: Doing Well **Peak Flow Meter Personal Best =** _____

Symptoms	Control Medications		
	Medicine	How Much to Take	When To Take It
■ Breathing is good	_____	_____	_____
■ No cough or wheeze	_____	_____	_____
■ Can work and play	_____	_____	_____
■ Sleeps all night	_____	_____	_____

Peak Flow Meter
More than 80% of personal best or _____

* Both the Healthcare Provider and the Parent/Guardian see that the child 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.

Yellow Zone: Getting Worse **Contact Physician if using quick relief more than 2 times per week.**

Symptoms	Continue control medicines and add:		
	Medicine	How Much to Take	When To Take it
■ Some problems breathing	_____	_____	_____
■ Cough, wheeze or chest tight	_____	_____	_____
■ Problems working or playing	_____	_____	_____
■ Wake at night	_____	_____	_____

Peak Flow Meter
Between 50 to 80% of personal best or _____ to _____

IF your symptoms (and peak flow, is used) return to Green Zone after one hour of the quick relief treatment, THEN

- Take quick-relief medication every 4 hours for 1 to 2 days
- Change your long-term control medicines by _____
- Contact your physician for follow-up care

IF your symptoms (and peak flow, if used) DO NOT return to the GREEN ZONE after 1 hour of the quick relief treatment, THEN

- Take quick-relief treatment again
- Change your long-term control medicines by _____
- Call your physician/Health Care Provider within _____ hours of modifying your medication routine

Red Zone: Medical Alert **Ambulance/Emergency Phone Number:** _____

Symptoms	Continue control medicines and add:		
	Medicine	How Much to Take	When To Take It
■ Lots of problems breathing	_____	_____	_____
■ Cannot work or play	_____	_____	_____
■ Getting worse instead of better	_____	_____	_____

Peak Flow Meter
Between 0 to 50% of personal best or _____ to _____

Go to the hospital or call for an ambulance if

- Still in the red zone after 15 minutes
- If you have not been able to reach your physician/health care provider for help
- _____

Call an ambulance immediately if the following danger signs are present

- Trouble walking/talking due to shortness of breath
- Lips or fingernails are blue