

Asthma Action Plan

Last Name: _____ **First Name:** _____
School Name: _____ **School Contact Phone #:** _____
Parent/Guardian Name: _____ **Parent/Guardian Phone #:** _____
Emergency Contact: _____ **Emergency Phone #:** _____
Health Care Provider Name: _____ **Health Care Provider Phone #:** _____
Health Care Provider Signature: _____ **Today's Date (mm/dd/yyyy):** _____

Triggers: Colds Exercise Animals Smoke Strong Odors Dust
 Food _____ Weather Air Pollution Mold Other _____

If asthma is triggered by exercise (at school or home), take Albuterol or _____ inhaler _____ puffs at least _____ minutes before exercise. Restrictions or activity limitations: _____

Green Zone: Doing Well **Personal Best Peak Flow** _____ **Date** _____
Peak flow is between _____ **(80% of personal best) and** _____ **(100% of personal best)**

Symptoms	Control Medications		
	Medicine	How Much to Take	When to Take It
<ul style="list-style-type: none"> Breathing is good No cough or wheeze Can work and play Sleeps all night 	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Yellow Zone: Caution! **DO NOT LEAVE PERSON ALONE!**
Peak flow is between _____ **(50% of personal best) and** _____ **(80% of personal best)**

Symptoms	Continue control medications and add:		
	Medicine	How Much to Take	When to Take It
<ul style="list-style-type: none"> Some problems breathing Cough, wheeze or chest tightness Problems working or playing Wake at night 	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

<p>If symptoms (and peak flow, if used) return to the GREEN ZONE after 1 hour of the quick-relief treatment, THEN</p> <ul style="list-style-type: none"> <input type="checkbox"/> Take quick-relief medication every 4 hours for 1-2 days <input type="checkbox"/> Change long-term control medicines by: _____ <input type="checkbox"/> Contact your physician for follow-up care 	<p>If symptoms (and peak flow, if used) <i>do not</i> return to the GREEN ZONE after 1 hour of the quick-relief treatment, THEN</p> <ul style="list-style-type: none"> <input type="checkbox"/> Take quick-relief medication again <input type="checkbox"/> Follow the steps in the RED ZONE below <input type="checkbox"/> Contact your physician right away
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Red Zone: Medical Alert! **DO NOT LEAVE PERSON ALONE! GET HELP! Call 9-1-1!**
Peak Flow is below _____ **(50% of personal best)**

Symptoms	Continue control medications and add:		
	Medicine	How Much to Take	When to Take It
<ul style="list-style-type: none"> Lots of problems breathing Cannot work or play Getting worse instead of better Medicine is not helping 	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

<p>Go to the hospital or call for an ambulance if</p> <ul style="list-style-type: none"> <input type="checkbox"/> Still in the RED ZONE after 15 minutes <input type="checkbox"/> If you are unable to reach your physician/healthcare provider for help <input type="checkbox"/> _____ 	<p>Go to the hospital or call for an ambulance immediately if the following danger signs are present</p> <ul style="list-style-type: none"> <input type="checkbox"/> Trouble walking/talking due to shortness of breath <input type="checkbox"/> Lips or fingernails are blue
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